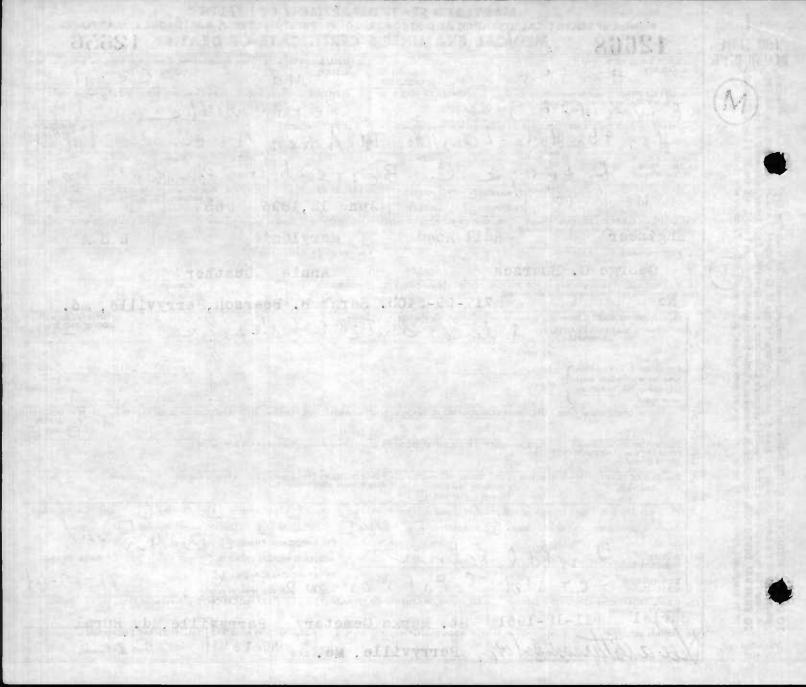
Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Page MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) director. write RURAL end give nearest town d. NAME OF HOSPI AL OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE (if not in hospital, give streat address) Por Boar ON A FARM? Ito SID YES NO State NAME OF Middle DATE Month Dev Year OF DECEASED the (Type or print) DEATH 19 OVEMD AGE (In years | IF UNDER 1 YEAR with 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS. 7 MARRIED NEVER MARRIED 2 with last birthday) age 5 may 1 and 2 wit 72 hours Months Hours June 13.1896 WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 8. Give Pages 1, 2 form PM3. Page Rail Road Maryland US thin pages 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George C. Bearsch Annie Gunther File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) (Ifyasgive war or dates of service) permit. B. Bearsch, Perryville, Md. Sarah with INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), I-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO oval. burial Conditions, if eny, which (b) geve risa to immediate cause DUE TO (e), steting the undarlying SE 20 cause last. OU, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? ste, writing the word " the Chief Medical Ex R: Page 3 should be u cremat NO G YES EXAMINER: This DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., atc.) While Not While 0 at work at work OF OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 20 MEDICAL DIRECT Natural causes Y Suicide Undetermined manner Accident Homicide death resulted from: esignated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL DEPUTY MEDICAL EXAMINER Addres (Silet, city, town, or county) pinous NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 22e. BURIAL, CREMATION, 22b. 940 p 0 St. Perryville Md.

BY REGISTRAR | 24b. REGISTRAR'S NOV 1 3 '61 arthur & Krous VS. AISME Perryville, Md. DATE

MADYLAND STATE DEPARTMENT OF HEALTH



within 24 hours after the TO HCZZITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exeruted within 24 ho death get 4 may be retained by the hospital or attending physician.

TO FUALRAL DIRECTOR: After this certificate has been signed by the attending physician and compared by filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defiled. VR A15 (4) 15M 9/60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12657 12669

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PLACE OF DEATH

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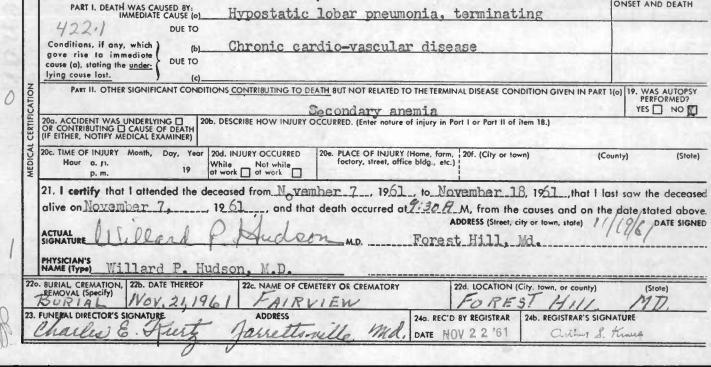
15. WAS DECEASED EVER

18. CAUSE OF DEAT

5. SEX

b. CITY OR TOWN (If RURAL ond give se d. NAME OF HOSPITA OR INSTITUTION

MARYLAND STATE	DEPARTMENT OF H	EALTH-BALTIM	ORE, 18	
12670	CERTIFICATE OF D	EATH	Reg. Dist. No	2658
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st (If not in hospitol, give street address)	d. STREET A	PTOWN		e. IS RESIDENCE ON A FARM? YES MO
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IN U. S. ARMED FORCES? I yes, give wor or dates of service)	CURITY NO. 17. INFORMANT MARY E, W.	RISTEAU	FOREST H	111. MD.
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illard P. Hudson, M.			*******************	
I, 22b. DATE THEREOF 22c. NAA	ME OF CEMETERY OR CREMATORY	22d. LOCATION (C	ity, town, or county)	(State)



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND b. COUNTY Harford e. IS RESIDENCE ON A FARM? YES NO Month Day Year 196 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) , 19.61, that (1) (we) last M, from the causes and on the date stated above. 22b, DATE SIGNED 11/22/61 (Stote) Civilium S. Flraus

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ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. COUNTY the 12 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end alve neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 P write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO DECEASED OF pap (Type or print) DEATH 196 COLOR ON RACE T MARRIED carbon SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED & last birthdey) physician and Months Deys Hours WIDOWED DIVORCED 1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) гетоме 1Db. KIND OF BUSINESS OR INDUSTRY | 11/ 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) 13. FATHER'S NAME 14. MOTHER'S MA please attending 15. WAS DECEASED EVER IN U.S. ARMAD FORCES? (Yes, no, or unkown) | (If yes give war or dates of service permit. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).] attending physician. certificate has been signed by PART I. DEATH WAS CAUSED BY: -CTU OS IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying burial, couse lest. the OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? hospital use as NO Tprior 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) etached for OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) à 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work at work 19 p.m. DIRECTOR: 21. I certify (hat (1) (this hospital) attended the deceased from alive saw the deceased 22b. DATE 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN NAME (Typ director, be filed LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. (Stata) REMOVAL (Specify) OL 28e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

Weeks ! Hak Toketh 24.3 historial Brace IThes Edgewood HAR TORK SHE MURIC L. HEROLICE . "UI GOTT'LE JE TERRY DODOELL BEEFER - - THE 32549 1961 200c Mate and Hogal more Pearl Brown Verentella Sanitha Sum Legalin, Egon H Wilhille of Etherich - 2 W 0134 THE RESERVE THE STATE OF THE STATE OF THE PERSON in the religionship of the state of the met dulel 18. - 8C-VI ATSA Acres P. Richard M. D. & Low St. About Property The selfer date made La A Weeker Samery My market the the

within 72 hours after death. After this tuneral director, the third copy of this

the registrar in by the f

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

12673

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12661

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY HARFORD MARYLAND	STATE MD COUNTY HARFORD
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give neerest town)
OR and give nearest town) TOWN HAVREDE GRACE LIFE	24 TOWN HAVRE DEGRACE
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR 4/13 CONGRESS AVE.	ADDRESS 413 CONGRESS : AKE.
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) I DA ELIZABETH	DURNS DEATH NOY. 28, 1961
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE	
FEMALE WHITE Specify MARRIED JUN	1E 15, 1871 90 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	11 COUNTRY?
Trous he wife I CN F	1 14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE W. HOGERS	CAROLINE MIII ZGER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give war or defes of service)	M. A. G. BURNS HAVRE DEGRACE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
434,4 IMMEDIATE CAUSE (A) CAPULL &	Hitalian (Paraise)
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B)	
GIVING RISE TO THE AROVE CALISE	
STATING UNDERLYING CAUSE LAST. DUE TO	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
M. at work et work	
22. I hereby certify that I attended the deceased from	19.), to Nov 28., 19. , that I last saw the deceased
alive on // 19.6 / and/that death occurred a	it. J
BIGNATURE	ADDRESS (Street, city, town, state) DATE SIGNED
De X LXPULD M.D.	Days de Oxtelle MI 1/30/11
23. BURIAL, CREMATION, DATE THER OF NAME OF CEMETERY OR	CREMATORY LOCATION (City, lown, or county) (Spate)
BURIAL DEC. 11961 ANGELH	ILL EM. HAVREDEGRACE MO.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE OF CITTING S. PLACE	VI MADISON MITCHELL HAVREDE CERACI

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CERTIFICATE OF DEATH

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24a, REC'D BY REGISTRAR

DATE NOV 2 8 '61

HArbord Co

24b. REGISTRAR'S SIGNATURE

Cirthur S. Kraus

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REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12663

12675			Reg. Dist. N	ło
1. PLACE OF DEATH		2. USUAL RESIDENCE	E (HOME) OF DECEASED	
COUNTY HARFORD MAR	YLAND	STATE MO	COUNTY (TARI	FORP
	H OF STAY	CITY (If outside corpore	ta limits, write RURAL and give neerest	town)
TOWN FAVRE OF GRACE L	FE.	7 / /	EDE GRACE	
HOSPITAL OR INSTITUTION OR	Harris III	STREET ADDRESS	(If rurel give location)	
STREET ADDRESS 608 CHAPEL DERING	E	553	CONGRESS AVI	=
3. NAME OF (First) (Middle)		(Lest)	4. DATE (Month) (D	ey) (Yeer)
(Type or Print) PERCY EUGENE	Co	DAKLEY	DEATH NOV. 2	8 1961
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE O	F BIRTH 9.	AGE last birthday IF UNDER 1 Y	
MALE WHITE (Specify) MARRIED	JULI	43, 1893	68 yrs. Months D	ays Hours Min.
IOe. USUAL OCCUPATION (Give kind of work done during most of working life foven if OR INDUSTRY	NESS	11 BIRTHPLACE (State or foreign	country) 12.	CITIZEN OF WHAT
retired) PLUMBERTORMAN /[Elli	REP	MD.	7	. J. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
EUGENE WI COAKLEY		MYRTLE	+ILBERT	
	SECURITY NO.	17. INFORMANT & AD	DRESS (10)	INA
(Yes, no, or unk.) (If Yes, give war or detes of service) 2/3-3	4-811	4 MRS, BLANC.	H & COAKLEY /TA	VIRE DE COPPEL
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190 THE CAUSE (A) JULY	nonany	Hemos	MARKE	
ANTECEDENT CAUSE(S) DUE TO	ctin 1011	MAINEN A -/	1. Don't Jugar	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	the Ou	ANNIA MAC	our mye	
(C)			/	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERA	IION			20. AUTOPSY?
				YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fer OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, effice bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc.)	1c. WHERE DID INJURY OCCUR?	(City or town) (County)	(Stete)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY O White et work	CCURRED 2	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended, the deceased from	1/2 - 1/1	, 19 L. J., 10 NO	V-28, 1961, that I las	t saw the deserred
401) //		to 91.	1 -	
alive on 1 and that dea	in occurred at		uses and on the date stated a	DATE SIGNED
1 D. T. dalle	/ M.D.	THOUSE M	XXXIII, MI	11/31/11
	OF CEMETERY OR	CREMATORY	LOCATION (City, town, opcounty)	(\$iata)
BURIAL SPECIFY) DEC, 2, 1961 AND	3 ELHIL	L CEM	HAVRE DE GRACI	1 1/4
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1000	25. FUNERAL DIRECTOR'S SI		DRES\$
DATE DEC 4 '61 Carling S. Krous		R. Madison Mu	Scholl Havride	Loca Mp.

TO ATY DING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be exite be followed copy may be retained by the hospital or attending physician.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the altending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

d within 24 hours after death.

CERTIFICATE OF DEATH

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DAY THE PERSON OF THE

W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND by the and 2 death. CITY OR TOWN (If stide corporete limits, write RURAL and give peerest town c. LENGTH OF STAY IN 16 te RURAL end give neerest town) 2. a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, live street address) ON A FARM? YES NO DATE Month Yeer NAME OF Middle OF DECEASED DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. MARRIED NEVER MARRIED last_birthday) Months Hours WIDOWED X DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician гетоме 13. FATHER'S NAME = Then please and S. ARMED FORCES? SOCIAL SECURITY NO. | 17. (Yes, no, or unkown) | (Ifyes give wer or detes of service) 0 18. CAUSE OF DEATH [Enter only one couse per line for (e), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)_ DUE TO Hypertensive Cardio Renal disease geve rise to immediate ceuse DUE TO (a), steting the underlying NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Pert II of item 18.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from 11/6, to 11/28, to 1961, that (I) (we) last DATE 22e. SIGNATURE SIGNED ATTENDING STAFF MED. DIRECTOR 12/1/61 PHYS. PHYS. page 22d. ADDRESS 22c. PHYSICIAN'S 569 Revolution St. director, be filed 23a. BURIAL, CREMATION, OF REGISTRAR'S SIGNATURE BY REGISTRAR | 25b. VR A15 (4) arilung S. Kraus 15M 9/60

a de l'ann starlow. Dearfierd maryland Bel- Cers Sytems Bel- Cein RF2 24 389 RF 2 WHI BEX 389 Hammah E. Corne II Lemale Magre - x = = May 27, 1874 69 6 2 House mile Honorel for Rations Hugher (1 Md Il of Co.) Garney Knowery margaret Collens 215 The Soll Mr. Evylet hatterney Level Ind They were to the don't wone of adjoined to the wind them in the Alle & He see all the see Service of the servic well a service of the man present of your savet to the The series 18 A LI Clerk Classe Charles Delice The feet in Mil atelia n Bull t. Have de Suare Ho grob m

TO HOSPI

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12677 **CERTIFICATE OF DEATH**

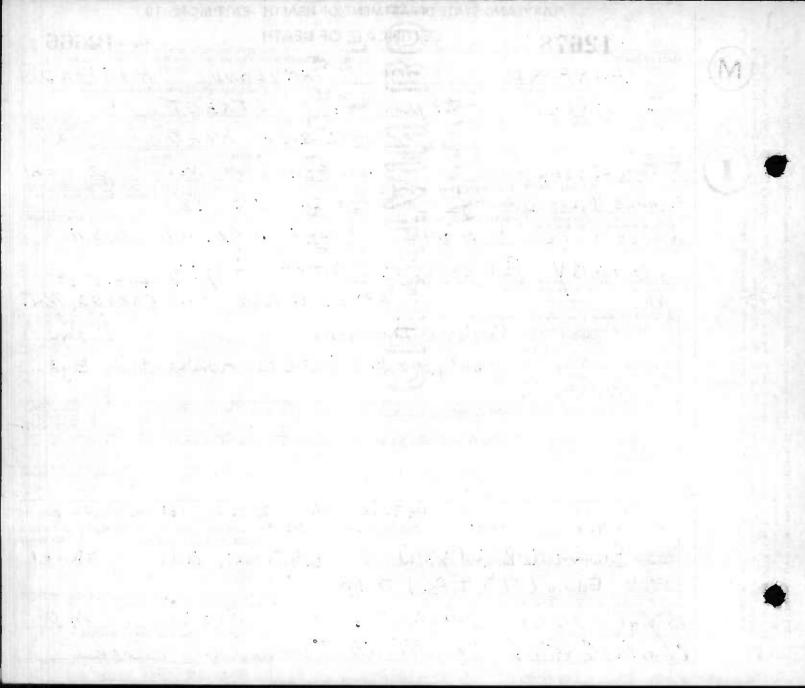
Reg. pis2665

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
O. COUNTY HAR FORD MARYLAND	O. STATE MARVLAND b. COUNTY HARFORD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rusal WHITE HALL 41/20.	Rusal WHITE HALL X
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	130 x 256. N.F.O. 1 YES 12 NO [
3. NAME OF First Middle	Last 4. DATE Month Day Year OF
(Type or print) MINERVA De	DODGE DEATH NOV. 9 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days Hours Min.
FEMALE WILTE WIDOWED DIVORCED	AUG 29, 1876 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE HOME	HUDUBON, JOWA U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLEB E, SHEARER.	SARAH ELLEN CANNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address WNITE HALL
70 505-10-306541MM	S HAROLD V. ALBERTI BOX 256 MD
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bracho P.	memm raia
4221 DUE TO	1001
Conditions, if ony, which gove rise to immediate (b)	the old age, or wise common,
couse (o), stoting the under-	
lying couse lost. (c) Ehr. my OCAT C	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 80	PERFORMED?
E 202 ACCIDENT WAS LINDERLYING TO 206 DESCRIBE HOW INJURY OCCURRI	YES NO DED. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E. CHE HOUSE OF HIGH Y HAVE A STATE OF THE S
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram.	15, 1960, ta 11 w. 8, 1961, that I last saw the deceased
alive on 110.8, 1960, and that death	h accorned at 3: 15 M, from the causes and on the date stated above.
11 11 11	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE la man H. Frm mul	MD. Blewer Blown , DA.
PHYSICIAN'S NORMAN H, GEMMILL	STEWARTSTOWN, PA.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
BURGE MOV, 14 1961 WALNUT	HILL COUNCIL BLUFFS IOWA
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
charles & Turk fairettsville	Md DATE NOV 13 '61 arthur S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A15 (4) 15M 9/58



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 n by the funeral director, and 2 shauld be filed with may be retained by the hospital ar attending physician. TO FUN. DIRECTOR: After this certificate has been signed by the attending physician and campletely fit page 3 mayle be detached far use as the burial-transit permit. Then please remave carbon papers. Page the registrar prior to buriol, cremation, or remaval, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1	2679		CERT	IFIC.	ATE OF D	EATH	1		Reg. D	ist. No	266	37
	CE OF DEATH	Harfor	ď	MAE	RYLAND	2. USUAL RESID		ylvania	b. COUNTY		rnce befo		sion)
b.	CITY OR TOWN (I RURAL and give no Edgewoo		nits, write	c. LENGTH OF STA		c. CITY OR T	OWN (If o		te limits, write R				n)
d.	NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital,	give street			d. STREET A	DDRESS	East Ce					SIDENCE FARM?
DE	ME OF EASED pe or print)	Mayme	irst	Midd	le	Lost		4. DATE OF DEATH	Mon	ith	Do	у	Year 19 61
5. SEX		6. COLOR OR RACE		RIED NEVER MARI	RIED X	B. DATE OF BIRTH		9.	AGE (In years	IF UNDE			ER 24 HRS
	female	white	WIDOW	ED DIVORC	ED 🔲	July,24	.1878		lost birthdoy) 83 yrs.	Months	Days	Hours	Min.
10a. U	SUAL OCCUPATION	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU			or foreign cour		12. C	ITIZEN C	OF WHAT	COUNTR
	Househol	ring life, even if retire	d)	Domestic		Ner	W Bos	ton, Pa	A VIVI		II S	.A.,	
	THER'S NAME	u		DOMESUIC		14. MOTHER'S			,		0.0	.42.	
	772	114 am 17a1-				-	-						
15 W/		lliam Ecke		SOCIAL SECURITY N	0 117	INFORMANT	rolyn	Homeck	(er				
		(If yes, give war or dates of		SOCIAL SECURITY N	0. 17.	INFORMANI			Add	ress			
	no			none /	N	Irs. Char	les E	shinsky	Ed	gewo	od,	Md.	
18	. CAUSE OF DEA	TH [Enter only one o	ouse per li	ne for (a), (b), and (c).]	. , //		\ /	1	//	MI	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	- 1	ASKOS	411	Och XD	100	1	Soul la	V	ON	SET AND	DEATH
	UE.	IMMEDIATE CAUSE		VV VV	wi	21-0-00	CV XI	117	p-gra	de	1	-	
	13	O DUE T	0					///		0			
	Conditions, if o pove rise to i		b)										
	ouse (o), stoting		0										
1	ying couse lost.		(c)										
CATION	PART II. OTH	HER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO D	EATH BUT	T NOT RELATED TO	THE TERMI	NAL DISEASE C	CONDITION GIV	EN IN PA	RT 1(o)	PERFC	AUTOPSY ORMED?
CERTIFI	a. ACCIDENT WAR CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	ED. (Enter noture of	injury in f	Port I or Port II	of item 18.)				
MEDICAL	Hour a. g p. m.	Y Month, Day, Y 19	ear 20d. I While at wor			LACE OF INJURY (Hoctory, street, office			r town)		(County)		(Stote
2	. I certify th	at I attended the	deceas	ed from	001	5 . 19 6	/ to	11	15.196	/that I	last so	aw the	decease
	live on	45		(1///	it death	accurred at_			the causes o	and an		te state	ed abay
A	CTUAL SONATURE	Vain	54	telle		, M.D.	Edgew		et, city or town.	1111		D	ATE SIGN
PI	(YSICIAN'S AME (Type)	E Louis X	ahen			1	Edgew	ood Ma	ryland				
220. B	URIAL, CREMATIC	N, 226. DATE THERE		22c. NAME OF CEA	METERY C				N (City, town,	or county)		(Stal	e)
R	EMOVAL (Specify)					al Servic		Mahano	-		Pe	nna.	
	NERAL DIRECTOR		()					BY REGISTRA		STRAR'S S		-	/
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may coined by the haspital or attending physician.

TO FUL AL DIRECTOR: After this certificate has been signed by the attending physician and campletely file in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs offer-death.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12680 CERTIFICATE OF DEATH

DF DEATH 12668

1.	PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where degrased lived) If institution: Residence before odmission) o. STATE O. COUNTY MARYLAND
i	b. CUY OR TOWN (If outside corporate/limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OR TOWN (If aviside corporate limits, write RURAL and give represt rown) Harris C. LENGTH OR TOWN (If aviside corpo
7	d. NAME OF HOSPITAL (4 not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR A FARM? YES \(\sigma \) NO \(\sigma \)
3.	NAME OF DECEASED (Type or print) A DATE Month Day Year OF DEATH A DATE O
S.	SEX F 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 15. ACE (In years lost birthday) 83 yrs. 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (In years lost birthday) 83 yrs. 16. Months Days Hours Min.
1	a. USUAL OCCUPATION (Give kind of work done on the lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (Stole or foreign country) HOUSE WIFE 12. CITIZEN OF WHAT COUNTRY? HOUSE WIFE
13	PUBENSIPE MATHER'S MAIDEN NAME MARGARET HUGHES
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dales of service)
	18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH ONSET AND DEATH
	Conditions, if ony, which (b) Musicardition Costs anywasm
	gove rise to immediate couse (a), stating the under-lying cause lost. DUE TO Co Co Co Co Co Co Co Co Co C
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while of wark 19 at
	21. I certify that (I) (this hospital) attended the deceased from 19 1, to 19 2, ond that death occurred at 19 2, and the deceased on the date stated above.
	22a. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED 22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) 22c. ADDRES PHYSICIAN'S NAME (Type)
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City, town, or county) BURIAL NOV17, 1961 MOUNT OLIVET EM. YORK CO.
24	Madron Miletal Havrede Leave M. Date NOV 20'61 256. REGISTRAR'S SIGNATURE

12851 more thank of the from H Witzigel Farm de Leace 38 dess The same of the sa 10 - 8 - 17/4/8 83 25 R House Wife // House Po BEN SIPE Winsunger HURHES Mr. Low For Forcie Have De Since He The Mount CHART CEN YORK CA The self that the self the

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12669

1	12581					
)	1. PLACE OF DEATH o. COUNTY Harford	MARYLAND	a. STATE Maryl	ce (Where decessed lived and b. Co		idence before edmission) rford
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town) Aberdeen	c. LENGTH OF STAY IN 16 DOA	c. city or town (i	f outside corporata limits, v leen	write RURAL end g	ive nearast lown)
	d NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	D :	1	o. IS RESIDENCE ON A FARM?
	Aberdeen Proving Ground, 3. NAME OF First DECEASED (Type or print) GEORGE	Middle	21 Gunnison RASER	4. DATE M	onth rember 8	YES NO X Dey Yeer 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWE		Mar 23, 1901	lest birthde	Wioming De	
	Retired Army	IND OF BUSINESS OR INDUSTR	Massachuse	ty & Stete, or foreign count etta	US	N OF WHAT COUNTRY
/	13. FATHER'S NAME		14. MOTHER'S MAIDEN Linda Muri			
	(Yas, no, or unkown) (If yes give wer or detes of service)	social security no. 17. 1		Add		ove
	4/2/01/ DUE TO	yocardial Infa				INTERVAL BETWEEN ONSET AND DEATH 1 hr 45 mi
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT		diagnosed Feb	60	GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES NO
		Not While fact	CE OF INJURY (Home, ferm lory, street, office bldg., etc.	2Df. (City or town)	(County	(Stete)
	21. I certify that NO (this hospital) attends aw the deceased slive on	Muli Va	ATTENDING PHYS. D	NECTOR DAY HOSPI	as and on the	o date stated above 22b. DATE OV 8, 61
238. RURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY WILLIAM (1/13/1961 WILLIAM)				23d. LOCATION (City 4. f. Weye 20 BY REGISTRAR 25b.	town or county)	Q & (State)
	John 9. Karring - ake	redi Tuc	DATE NO	/	Inthuy 8 to	

y filled in by the funeral ers. Pages 1 and 2 should 2 hours after death. within 24 hours after, The law requires that the death certificate be executed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death to a way be retained by the hospital or attending physician.

TO F: AAL DIRECTOR: After this certificate has been signed by the attending physician and compared interior, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 is VR A15 (4) 15M 9/60

Cook! 1/45 (1) वर्षाकार्थकार्थका (१९४६) वास्त्रामा स्वर्धकार्थकार स्वर्धकार स्वर्धकार स्वर्धकार स्वर्धकार स्वर्धकार स्वर्धकार The less than the same statute of the same sta when I conser allowed the Diff. I would also taken the

TO I STATE MEDICAL EXAMINER. This certificate should be executed within 24 hours after death, by delay is necessary, pleat execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to juneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLANI
12682 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12670

•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)		
1	e. COUNTY HARFORD MARYLAND	a. STATE D. C. b. COUNTY		
П	b. CITY OR TOWN (if outside corporete limits, write RURAL end give peerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)		
IJ		WAShington 47x3		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		
	HARFORD MEMORIAL HOSP.	4313 21- ST. NE ON A FARM?		
	3. NAME OF First Middle	Lest 4. DATE Month Dey Year		
	(Type or print) PREDERICK	GERST DEATH NOVEMBER 23 1961		
4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.		
	NAIE WhitE WIDOWED DIVORCED	Jugust 26 1896 65 yrs. Months Deys Hours		
-	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
	Auditor-US Govt - Treasury Dept.	Pennsylvania U.S.A.		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
я	Charles Gerst	Sarah Spahr		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address		
	(Yes, no, or unkown) (Ifyasgivewarordelesofservice)			
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	rs. Anna H. Gerst- Same # 2		
	PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH		
ч	IMMEDIATE CAUSE (e)	o consider		
	LA D DUE TO			
	Conditions, if any, which (b)			
	gave rise to immediata causa			
Н	(a), stating the underlying			
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?		
	3	YES NO		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	ntar natura of injury In Part I or Part II of item 18.)		
	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)		
	ZOc. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE factor factor factor of work at work 200 at wor	ry, street, office bldg., etc.)		
	21. I certify that I took charge of the remains described above, hel	d an Autopsy		
H	death resulted from: Natural causes X. Accident . Suici	de , Homicide , Undetermined manner		
	Maria	CHIEF MEDICAL EXAMINER 7 11-23-61		
	ACTUAL Levell () Olmer ASSISTANT MEDICAL EXAMINER DATE SIGNED			
Н	SIGNATURE STORY OF ST	M.D. DEPUTY MEDICAL EXAMINER A BOOK MI		
2	EXAMINER'S GEY 1/01 C PS (MC)	Address (Streat, city, town, or county)		
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or country) (State)		
	Burial 11/27/61 Arling to n No	atl. Cem. Arlington, Virginia		
	23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE			
	The S.H. Hines Co 2901 14th St., N.W.			
-	Washington 9,D	C DATE NOV 2 7 '61		

PARTY OF THE PARTY E TO MOTOR TO CHANGE . . at a 25 tone to the comment and record of CAR MERCHANISM PROPERTY OF THE SECOND STATES OF THE

VR A1S (4) 1SM 9/S9

12683

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12671

)	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY b. COUNTY	e before odmission)			
	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and g. RURAL and give infarest town) Country OR TOWN (If autside carporate limits, write RURAL and g.	ive nearest town)			
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Memorial TIOSPITAL d. STREET ADDRESS P. D##	ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) \$\sqrt{0.51e} \text{QTHERINE} \text{G1/Lber/DEATH} \text{1/}	Day Year 10 196/			
	O. COLON ON MAKEED IN MAKKIED I S. STATE OF SIKILI	1 YEAR IF UNDER 24 HRS. Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZ 10 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	S. A.			
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNK-				
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give wor or dates of service) 2/2-26-6334 Ms Lester Furches: Merce)	Street M			
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Processing line for (b), and (c).]	INTERVAL SETWEEN ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate (b)				
	couse (o), stating the under- lying couse lost. DUE TO (c)				
	PART II. OTHER SIGNIFICANT RONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN BARY Carely Arterios devotic functions	PERFORMED?			
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	sease			
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	County) (State)			
	21. I certify that (I) (this haspital) attended the deceased fram \(D - \frac{2}{0} \) 186 \(\), ta \(\left(- \left(0 \) \), that (I) (we) last saw the deceased alive an \(\left(\left(0 \) \) 196 \(\left(\), and that death accurred a \(\left(\left(P \) \), from the causes and an the date stated above.				
	22a. SIGNATURE OLUND. June M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS. 1/-	11-6 SIGNED			
	22c. PHYSICIAN'S NAME (Type) JOHN D. YUN 6165 UNION AUF, H	ang de			
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF CREMATORY Charles 23d. LOCATION (City, town, or county) (SI BORIFL (Specify) NOV-13, 1961 MOUNTAIN CHRISTIAN Yd. Harland. Co. 77.					
	24. FUNERAL DIRECTOR'S SIGNATURE Shell Havede Grace Md. DATE NOV 1 4 '61 Original &				

TO FUN

VR A15 (4) 1SM 9/59

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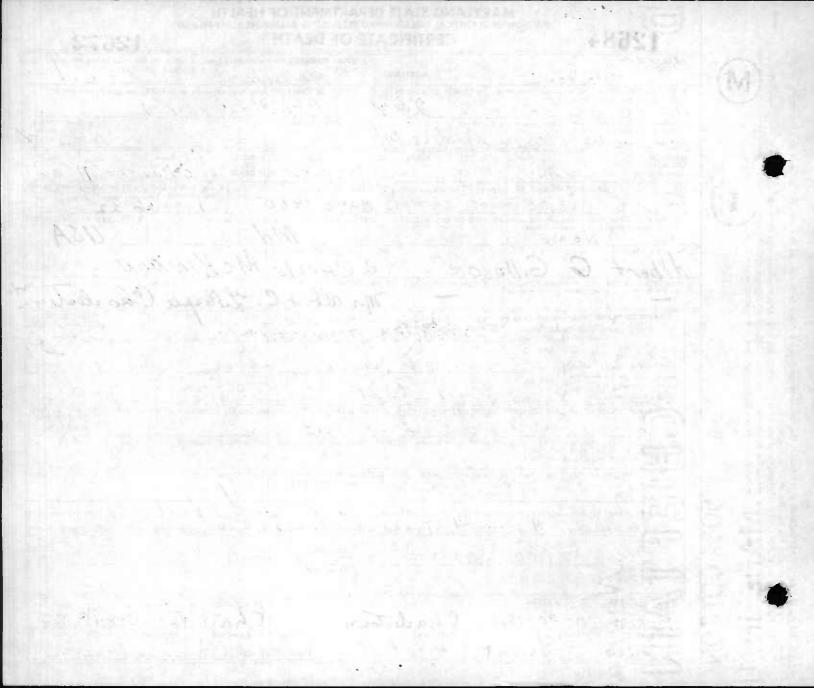
12684

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12672

6		a COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY			
		HAR TORD MARYLAND	MARGIANC CCCI			
	Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)			
	1	HAURE CE CRAVE 2019	Chaplestown 07x.2			
	- 0	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE			
		OR INSTITUTION	ON A FARM? YES NO TA			
		HANDER THERETHE				
y		NAME OF DECEASED (Type or print) CONNIC Y Middle	lespie 4. DATE Month Day Year DEATH DEATH DENICH 27 1961			
	S. S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 B.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS.			
		Temale white WIDOWED DIVORCED !	1AY 5 1960 / yrs. 6 22			
	100.	a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	13. 1	Albert & Gillospie	14. MOTHER'S MAIDEN NAME MCKINNON			
			ORMANT Address Address			
7	{Tes,	(es, no, or unknown) (If yes, give wor or dates of service)	r albert C. Lillespie Charlestour			
Ñ		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH			
97		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	puelen nua 2000			
2		DUE TO				
	Condition than Grands are here					
	gave rise to immediate					
		cause (o), stoting the <u>under-</u> lying cause last. DUE TO (c)	Pastrud 2dg			
	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY			
-	CATION		ulation PERFORMED? YES NO			
			(Enter noture of injury in Port I or Port II'of item 18.)			
	S S	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)			
	MEDICAL	Haur o. m. While Not while factor	ry, street, affice bldg., etc.)			
	2		112-1 201 11/27/2011			
		21. I certify that (I) (this haspital) attended the deceased fram. // 25/, ta				
			ofh accurred at [A.M., from the causes and an the date stated above.			
		220. SIGNATURE	ATTENDING MED. STAFF SIGNED			
		Colling & Oblic Truck M.	D. PHYS. DIRECTOR PHYS.			
		22c. PHYSICIAN'S NAME (Type)	22d. ADDREŚS			
	23a	Id. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	CREMATORY 23d. LOCATION (City, tawn, or county). (State)			
		REMOVAL (Specify)	Carl To 10 1			
	24	BURIAL 11-30-1961 Charleston	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
	24.	TONERAL DIRECTOR'S SIGNATURE				
		Joseph J. Frant Storth bast, 11	Colon DATE NOV 3 0 61 Colon S. Krous			



12685 CERTIFICATE OF DEATH Reg. Dist. No. 2673 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and giyn nearest town) c. LENGTH OF STAY IN 16 2 plnods d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO IA NAME OF Middle DATE Year DECEASED DEATH (Type or print) 19 5. SEX 9. AGE (In Years la (Voist) day) 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Min. WIDOWED 17 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address CAUSE OF DEATH [Enter only one cause per lime for (a), (b), and (c), INTERVAL SETWEEN OMSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) q. m. Not while at work at work 21. I certify that I attended the deceased from 1966 that I last saw the deceased that death accurred at 1/2 30PM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Nov.16.1961 Colligan F.H. Pittsburgh Remova Penna. 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Abingdon, Md., 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Me Comas & Son VS A15 (4) 15M 9/55 DATE NOV 2 0 '61 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12000 CERTIFICATE OF DEATH

12674

	1. PLACE OF DEATH		2. USUAL RESIDENC	E (Whare decaasad fived, If institution: b. COUNTY	Residence being admission
N	a. COUNTY	MARYLAND		Harford	/or pareno
1	HARFORD b. CITY OR TOWN (if outside corporate linwrite RURAL and give nearest town)		e. city or town (if	outside corporata limits, writa RURAL ar	nd giva nearast town)
	Aberdeen Proving Gro	und 13 hours	Aberdeen	27.65	
	d. NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS		a. IS RESIDENCE
-	US Army Hospital		Apt 4, #85	Baldwin Manor	YES NO
U	3. NAME OF Fin	st Middle	Last	4. DATE Month	Day Yaar
	(Type or print) THERES	SA C	GRANT	OF DEATH November 13	1961 1
		E 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	
	Female Caucasian		L2 November 19	last birthday) Months	Days Hours Min.
	1Da. USUAL OCCUPATION (Giva kind of wo	ork 10b. KIND OF BUSINESS OR INDUST	TRY 11 BIRTHPLACE (County	v & Stata, or foreign country) 12, Cl	TIZEN OF WHAT COUNTRY?
	done during most of working tifa, evan if reti	rad)		pital, Aberdeen	USA
	None	MS	Proving Gro	und, Md	ODA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME -	
1	Terrence Dale Grant	t	Constan	ce Ann Lennon	
1	15. WAS DECEASED EVER IN U.S. ARMED FO		INFORMANT	Address	
	(Yas, no, or unkown) (Ifyasgivewarordateso			1/2 11 1 2	
	18. CAUSE OF DEATH [Enter only or	None Te	errence D Gran	t(Father) Same as	Item #2
	PART I. DEATH WAS CAUSED BY:	ta causa par fina for (a), (b), and (c).;			ONSET AND DEATH
	IMMEDIATE CAUSE (a) Hydrocephal	us		13 hrs
	DUE TO	0			
	200				
	gava rise to immediate cause	b)			
	(a), stating the underlying DUE TO	0			White water the case of the
	causa last.	c)			
	PART II. OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINES	DITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO -
4	T 20 ACCIDENT WAS INTERNATING	20b. DESCRIBE HOW INJURY OCCUR	ED /E-ton nature of injury in D	net Los Paet II of itam 18)	1112 [] 140 []
	20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH		ED. (Enter natura of injury in Fe	an i or ran ii or nam io.,	
		R)			
	20c. TIME OF INJURY Month, Day, Y Hour a.m.		LACE OF INJURY (Homa, farm,		unly) (State)
	Hour a.m.	While Not Whila ta	actory, streat, office bldg., etc.)	1	
	7		70 11	/3 323	(2
97	21. I certify that (I) (this hosp	pital) attended the deceased from	TZ NOV	901., to1,1Nov, 19	last (I) last
77	saw the deceased alive on	3 Nov7 161 and the	at death occured at	.M, from the causes and on	the date stated above.
32	22a. SIGNATURA	Elne-1			22b. DATE
Ε.,	V/nextores	/ n/ann	21111	RECTOR PHYS. 7 13 1	Nev 1961 SIGNED
	MALCOLM MCLEAN,	Captain, Medical Cor	705		
A	22c. PHYSICIAN'S NAME (Type)		00	Army Hospital, Abo	eraeen
			Preving	g Ground, Maryl, nd	*****
н	230. BURIAL, CREMATION, 236. DATE TH	FEREOF 23c. NAME OF CEMETERY	OR CREMATORY	234.) LOCATION (City, town or cour	nty) (State) c
	REMOVAL (Specify) 11/14/1	961		Pitterfeld Sound	onset en Maires
	24 FUNERA DIRECTOR'S SIGNATURE	Annuecc /	() 25a DEC!	D BY REGISTRAR 256, REGISTRAR'S	SIGNATURE
	Later 4 Carries - C	Therdeen Delaryla	DATE NO	V 1 C 2C1	
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AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY Page e. STATE b. COUNTY of Health delay is necessary files. MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 1b c. CITY OR TOW outside corporate limits, write RURAL funeral director. for your INSTITUTION (if not in hospital, give street eddress) Boar IS RESIDENCE ON A FARM? YES NO NAME OF DATE Month Day DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2, and 5 last birthdey) Months Deys WIDOWED DIVORCED O. P 4 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? an done during most of working life, even if retired) SAW Mill in pencil in Item 18. Give Pages ODERATOR pages 1 within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File event form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address permit. (Yes, no, or unkown) | (Ifyes give war or detes of service) Office along with any EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN 2 burial-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY: pue IMMEDIATE CAUSE (e) DUE TO removal Conditions, if eny, which (b) "pending" gove rise to Immediate cause ra DUE TO (e), steting the underlying SE Medical Examiner 0 cause lest. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19, WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) TOR: Page 3 shour prior to burial, c PRIMARY OF CONTRIBUTING CAUSE OF DEATH. EDICAL Month, Dey, Yeer 20d. INJURY OCCURRED & 20a. PLACE OF INJURY (Home, ferm. 20f_(City or town) (State) (County) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion forwarded to death resulted from: Natural causes Suicide Homicide Undetermined manner designafed ACTUAL DATE SIGNED should be for SIGNATURE M.D. EXAMINER'S NAME (Type) Address (Street, city, town, or county) should 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Ob Arryville 24a. REC'D BY REGISTRAR I FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 DATE DEC 5 '61 Cirthung & House

ND STATE DEPARTMENT OF HEALTH

SYSSA DEFENDED TANKING The state of the s Land's market in the state of The title state of the Later of the state Le. 20, 1711 41 Such mill represent to be to see the standard to proceed the TAW TAW June 10 1, see has very direct - hattiered the THE WALL WAS A STATE OF THE PARTY OF THE PAR A SHORT OF THE RESIDENCE OF THE SHORT OF THE SHOT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHOT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHOT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHOT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHORT OF THE SHO Topial December 1. To Contract of the Competer of the first Maguelo & Liveragolle Jours - Sometic and William

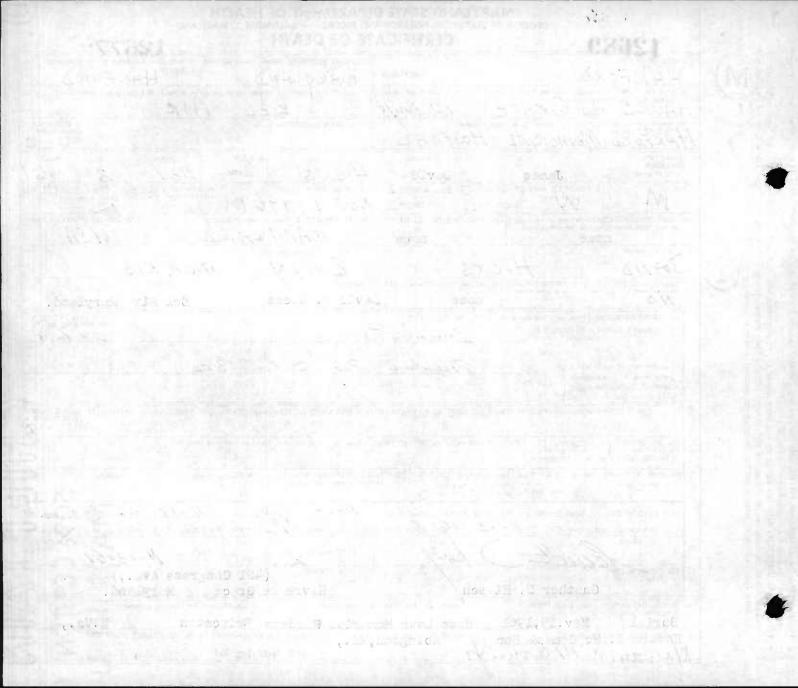
MARYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Page a. STATE b. COUNTY dileottio files. MARYLAND b. CITY OR TOWN (if ourside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) director. write RURAL and give nearest town) your g Boar HOSPITAL OR INSTITUTION (if d. STREET ADDRESS e. IS RESIDENC 5 ON A FARM? era YES NO THE State NAME OF DATE DECEASED the ovende (Type or print) DEATH / 19 0 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED with 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may 1 and 2 wil 72 hours Thdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, wen if retire 045 File pages 1 Give Pages PM3. 13. FATHER'S NAME MOTHER'S MAIDEN form 15. WAS DECEASED EVER INJULA. ARMED FORCES? 16 OCIAL SECURITY NO. 17. INFOR permit. (Yes, no, os unkown) ! (If yas give wer or dates of service) with INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). e along ONSET AND DEATH IMMEDIATE CAUSE (e) Office DUE TO burial Conditions, if eny, (b) geve rise to Immadiete cause Ø DUE TO (e), stating the underlying 98 ŏ cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 3 cremai NO Medical pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: urial CAUSE OF DEATH. writing Chief 3 age to bu 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour e.m. While Not While the R. P. at work et work forwarded to the prior certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Undetermined manner death resulted from: Natural causes X Accident Suicide Homicide ecute the ACTUAL DATE SIGNED should be for FUNERAL SIGNATURE EXAMINER'S plnods NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION, 22b. 22c. NAME OF CEMETERY OR CREMATORY DATE THEREOF 22d. LOCATION (City, town, or country) (State) A 693 REMOVAL (Specify) 408 O BOPTIST 0 ā Conow UTIQ REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. AISME

THE RESERVE AS A SECOND OF THE PARTY OF THE PARTY. 2825 + 5 H 216 M 644 1.9 1:1:11:140 Nowisewitzerd Com Home 1. C. Henry league Julie Spant dong Burnet 11-15-1961 Comming a Baptist Comman Course E. M. Shalle Residence Land

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MARYLAND STATE DEPARTMENT OF HEALTH

1968	DIVISION	CERTIFICA	TE OF DEATH	MORE I, MARTLAND	2677
1. PLACE OF DEATH o. COUNTY ARFO	RD	MARYLAND	2. USUAL RESIDENCE (WHO STATE MARY LAN	b. COUNTY	Residence before admission)
1	If outside corporate limits, w	ite c. LENGTH OF STAY IN 16		EL AIR	RAL and give nearest town)
d. NAME OF HOSPIT FOR INSTITUTION	TAL (If not in hospital, give si MEMORIAL	HOSPITAL	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First James	Middle David	HICKS	4. DATE OF DEATH NONTH	13 1961
S. SEX	WIC WIC	MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	16 / lost birthdoy) yrs.	F UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
during most of worl	ON (Give kind of work done king life, even if retired) 10ne	10b. KIND OF BUSINESS OR INDU	MARY	LAND	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	H,	CKS	EMILY	MORA	CIS
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		NFORMANT / David R. Hicks	Bel A	Air Maryland.
Conditions, if o gave rise to i cause (a), stating lying cause lost.	mmediate the under- (c) (c)	Presuphire ONS CONTRIBUTING TO DEATH BU		6. 13 oz.	N IN PART I(o) 19. WAS AUTOPSY
PART II. OTH	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Port II of item 18.)	PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.	V	Od. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form actory, street, office bldg., etc), 20f. (City or town)	(County) (State
21 I certify that (I) (this hospital) attended the deceased fram. 1961, to 1961, to 1961, to 1961, to 1961, to 1961, to 1961, and that death occurred at 2000, from the couses and an example of the couses are considered of the couses and an example of the couses are considered of the couses and an example of the couse of the					
22c. PHYSICIAN'S NAME (Type)	Gunther D. H	Hirsch	22d. ADDRESS Havre d	(421 Congress A	
Burial (Specify)	Nov.15,196		morial Barden		W.Va.,
24. HINERAL PURECTOR	SMENATURASE SO		,Md., 25a. REC		CHAR'S SIGNATURE
2071171	XVI				



12690 CERTIFIC	ATE OF DEATH Reg. Dist. No. 2000
PLACE OF DEATH o. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Harlord
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Bel Air 9 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Bel Air
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION TOLL Gate Road	d. STREET ADDRESS Toll Gate Road e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF First Middle DECEASED (Type or print) Jemina B.	Hicks 4. Date Month Doy Year OF DEATH November 3, 1961
WIDOWED DIVORCED	B. DATE OF BIRTH March 28, 1907 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
Housewife Housework	Ireland Ireland
John Browne	14. MOTHER'S MAIDEN NAME UNKNOWN
4 (100, 110, 0) distributed	Ir. Henry Hicks Bel Air. Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARDOO - RES	PALLURE ONSET AND DEATH SMAN
	THE CARDIOUAS DIS. + ASTHMA 54EARS
couse (o), stoling the under- lying cause last. Column DUE TO	DIABETES DIABETES EYEAR
3	PERFORMED? YES NO
	ED. (Enter nature of injury in Port I or Part II of item 18.)
Hour o. n. p. m. 19 20d. INJURY OCCURRED While Not while of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
	n accurred at 12:05 RM, from the causes and an the date stated above
ACTUAL SIGNATURE SIGNATURE SIGNATURE	M.D. 401 Familie At Bullin 3160
PHYSICIAN'S NAME (Type) H. P. Sidwell, M. D.	Franklin Street, Bel Air, Md.
Burial Nov. 6. 1961 Mt. Zion	Cemetery Fountain Green, Harf. Co., Md
prophility Tester W. Broadway & W:	1111ams 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE , Orthun & House
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STREET, BALTIMORE 1, MARYLAND CERTIFICATE 23b. FILM PLACE OF DEAT 2. USUAL RESIDENCE (Whara daceased lived, If institution, Residence before admission) b. COUNTY outside corporate limits, write RURAL and live nearest town) c. LENGTH OF STAY IN 16 (if outside corporata limits. giva nearast town) filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva aleat address) 3. NAME OF Middla DECEASED (Type or print) DEATH AGE (by years last birthday) Years | IFUNDER 1 YEAR WIDOWED [DIVORCED physician USUAL OCCUPATION please ding atten ARMED FORCES? (Yas, no, or unkown) | (If yes giva war or dates of servica) 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to Immadiate causa DUE TO (a), stating tha undarlying PART II. OTHER SIGNIFICANT CONDITION TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm,) 20f. (City or town) factory, streat, office bldg., atc.) Not Whila Hour a.m. Whila at work at work 21. I certify that (I) (this hospital) attended the deceased from 100, and that death occured atd...I..M, from the causes and on the date stated above. saw the deceased alive on.. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 23a. BURIAL, CREMATION. 236. DATE THEREO! death TO F EMOTAL (Specify) B. G. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY VR A15 (4)

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a. IS RESIDENCE

19

NTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stata)

22b. DATE

SIGNED

Hours

12. CITIZEN OF WHAT COUNTRY?

Months | Days

(County)

Or hur S. Traces

DATE

IF UNDER 24 HRS.

ON A FARM? YES NO

The state of the same of the same of the same Charles College 103 202 FEB 2015 Second: 30 2321/13/8 rate while Esset B. B. C. will the gold B. B. S. K. Frankerin tille May Steflanor Legisland Company of the Company of the the file and of my face I have the La Leven merch E at Carres Fire on sentential A 3 months that it diversity about they it was the server Inches to be defended to the 4002 11 5735 14 12 114 (30 Th 2 Th 2 1/6 11 4) The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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atter deoth. Page 4		the funeral director,	2 shauld be filed with	(
ITENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after deoth. Page 4		OR: After this certificate has been signed by the ottending physician and completely fill in by the funeral directar,	letached far use as the burial-transit permit. Then please remove carbon papers. Pages Fand 2 shauld be filed with	and in any event within 72 hours after death.
ITENDING PHYSICIAN: The law requires that	r the haspital ar attending physician.	OR: After this certificate has been signed by	letached far use as the burial-transit permit.	Health priar to burial, crematian, or remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12693	CERTIFICA	ATE OF DEATH	12681
1. PLACE OF DEATH a. COUNTY HARFORD	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE	If institution: Residence before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	1 ARGU HOHIN	c. CITY OR TOWN (If outside corporate lin	nits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street, OR INSTITUTION HARFORD MEMORIAL	HosPitaL	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HENRY	Middle J	Sh NSON 4. DATE OF DEATH NO	Month Day Year Nember 24 1961
MALE Colored WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	aug 3/888 19	E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthday) Months Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10) during most af working life, even if retired)	laughter Hon	e with	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. JARMED FORCES? 11.	nson	14. MOTHER'S MAIDEN NAME	Address
(Yes, no, ar unknown) (If yes, give war or eales of service)		alverda Gilber	L' Belair md
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (o), (b), and (c).	istaly py A MAKKITH	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-	111714		
lying couse lost. (c)	Bronchial Pr	eumonia	5 days
CATIC	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter nature af injury in Part I or Port II of i	tem 18.)
Hour a.m. While		LACE OF INJURY (Hame, form, 20f. (City ar towactary, street, affice bldg., etc.)	vn) (County) (Stote)
21. I certify tha (1) (this haspital) atters saw the deceased alive an 11/2	4	15.	24. 19.61, that (1) (we) last causes and an the date stated above.
220. SIGNATURE W. Gugo	let AD_	M.D. ATTENDING MED. STA	
PHYSICIAN'S Alfred W. G	rigoleit MI	608 S Union Ave	Havre de GracemMd.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	les Beneo	City, tawn, ar county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE	Benson, n	250. REC'D BY REGISTRAR DATE NOV 3 0 '61	25b. REGISTRAR'S SIGNATURE Oxilar S. France

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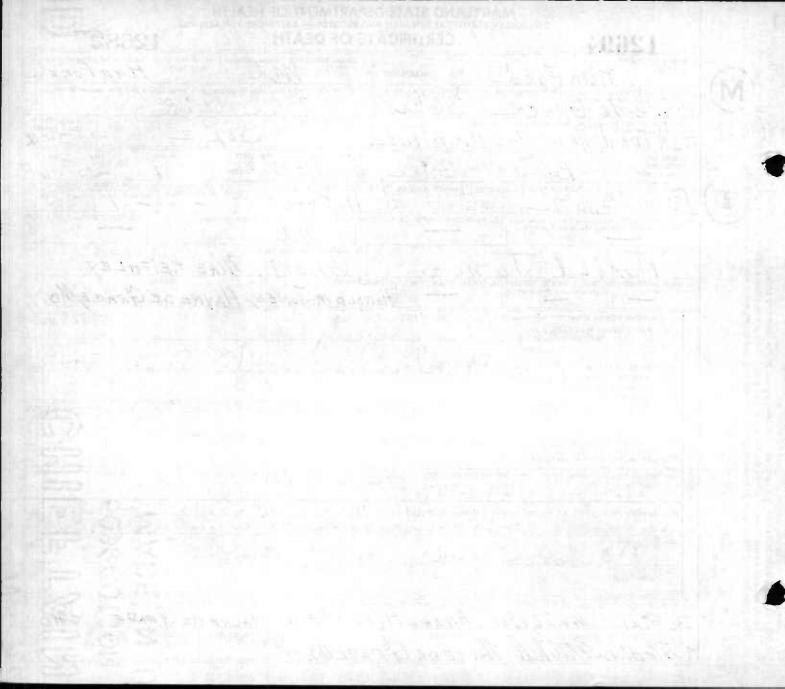
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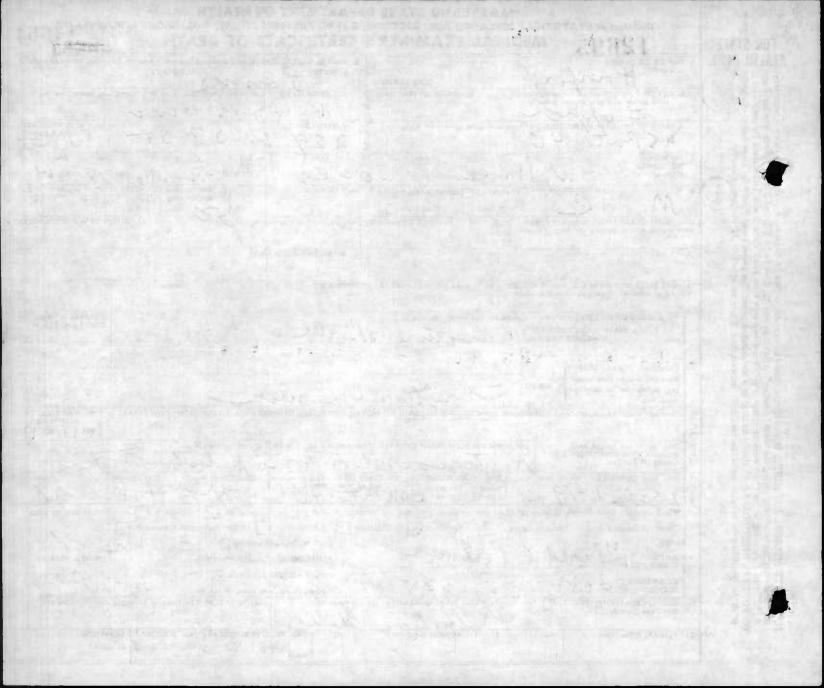
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

	12694	CEF	RTIFICAT	TE OF DEATH	1	1268	32
1.	PLACE OF DEATH HAR FO	r.l.	MARYLAND	2. USUAL RESIDENCE (V		If institution: Residence COUNTY H9	before admission) RFORd
1	b. CITY OR TOWN (If autside carporate ; RURAL and give nearest town) WWW.C-AC-SRA	ce 36	F STAY IN 16	c. CITY OR TOWN (IF	autside carporate limit	s, write RURAL and giv	
1	d. NAME OF HOSPITAL (If not in haspite OR INSTITUTION	RIGL HISP	ilal	d. STREET ADDRESS	Box	2_	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Base	First B	Middle / R _	JONES	4. DATE OF DEATH	Manth 1	25 196/
S.	Female WhiTe		MARRIED E	11-24-6		Total Inch	YEAR IF UNDER 24 HRS. ays Hours Min.
10	a. USUAL OCCUPATION (Give kind of we during mast af warking life, even if ret	ark dane 10b. KIND OF BUSIN	NESS OR INDUS	TRY 11. BIRTHPLACE (Star	te ar foreign country)	12. CITIZE	N OF WHAT COUNTRY
15	. WAS DECEASED EVER IN U. S. ARMED (If yes, give wor or dotes		1;	14. MOTHER'S MAIDEN GLOR FORMANT	ia MAE	KEITHL Address	EY
F	18. CAUSE OF DEATH [Enter only one	e cause per line far (a), (b), a	18 1	ROLD M. JON	ES, MAYN	REDE GRA	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED I	BY:	a de	time			ONSET AND DEATH
	Conditions, if any, which	(b) Ay c	lini	mentra	n De	easi	24 hrs
CATION	PART II. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH	JURY OCCURRED	. (Enter nature of injury i	n Part I ar Part II af ite	em 1B.)	
MEDICAL	Haur a.m.	Year 20d. INJURY OCCURR While Nat while at wark at wark	6	CE OF INJURY (Hame, for lary, street, affice bldg., e) (Co	unty) (State
		now 25 1961			M, fram the co		that (I) (we) last dote stoted above
	220. SIGNATURE	Berge	^ ^	A.D. PHYS.	MED. STAF		22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	0		22d. ADDRESS			
23	BURIAL CREMATION, 236, DATE THE	EREOF 23c. NAME O	F CEMETERY, OR	CREMATOR EM	123d. LOCATION (CI	ty, tawn, or county)	(State)
24	FUNERAL DIRECTOR'S SIGNATURE	AND HAVIPED	E GOR	A CEMO DATE	CD BY REGISTRAR	25b. REGISTRAR'S SIGN	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Page Health, director. Page or your files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Board of write RURAL end give naerest town) d. NAME OF HOSPITAL OF INSTITUTION (if not in hospital, give streat address) IS RESIDENCE 50 ON A FARM? uneral refained he State B YES NO T 4. DATE NAME OF Middla Dev Firel Month Yaar DECEASED OF the (Type or print) DEATH 19 pe with SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 3 2 wit last birthday) Months Days Hours and WIDOWED DIVORCED 2, ar 5 m 1d 2 hour 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign, country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Pages 1, pages 1 P.M.3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyasgiyawar or datas of sarvica) with 18. CAUSE OF DEATH [Enter only ona causa per lina for (a), (b), and (c).] INTERVAL BETWEEN " in pencil in It Office along burial-transit .= ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) certificate should be Office DUE TO removal Conditions, if any, which (b) gava rise to immediata causa "pending" Examiner's Ø DUE TO 98 (e), stating the underlying 0 used emation, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CERTIFICATION PERFORMED? 9 Word NO -Medical 70 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY KI or CONTRIBUTING CAUSE OF DEATH. burial EXAMINER: writing Chief MEDICAL the C. Month, Day, Year 20d. INJURY OCCURRED & 20a. PLACE OF INJURY (Homa, farm, 26f. (City or town) (Stete) 20c. TIME OF INJURY fectory, street, office bldg., atc.) 0 Not Whila Whila at work at work prior the certificate, o 라 O R: 9. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion MEDICAL forwarded to L DIRECTC ated agent, 1 Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 AL DEPUTY MEDICAL EXAMINER & EXAMINER'S NAME (Typa) Addrass (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Iown, or country) Si 22c. (Stata) REMOVAL (Specify) 940 p 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS DATAN 3 1 '62 Cuthun S. Thomas VS. AISME 5M 9/60



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 In by the funeral director, fand 2 shauld be filed with may the prined by the haspital or attending physician.

Deuty and DIRECTOR: After this certificate has been signed by the attending physician and campletely fill page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death.

TO FUR

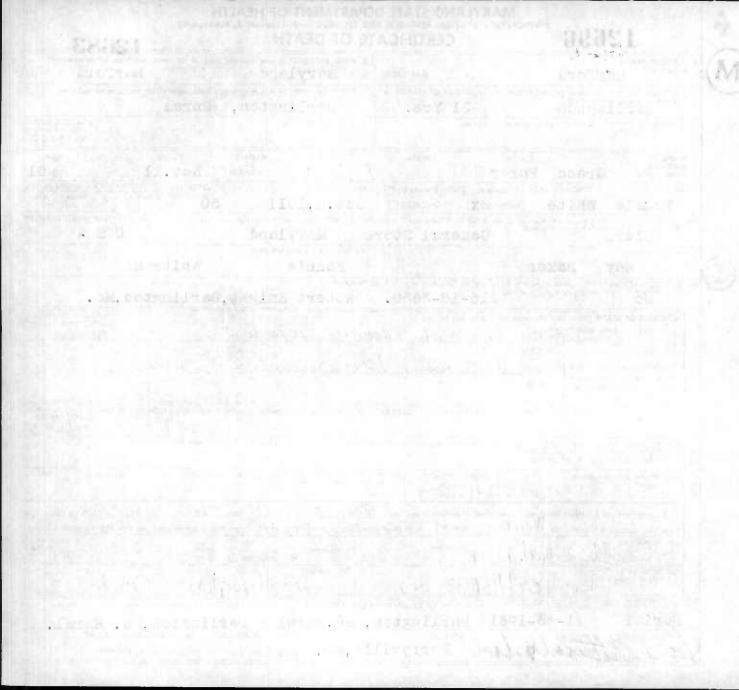
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	PLACE OF DEATH	rford		MARYLAND 2	usual residence (W	here deceased	lived. If institution b. COUNTY		o before	444	an)
Ŀ	b. CITY OR TOWN (IF RURAL ond give near Darlin	outside corporate limits, wirest town)		STAY IN 16	C. CITY OR TOWN (IF C		ate limits, write R Rural	URAL ond g	give near	est tawn)	
0	d. NAME OF HOSPITAL OR INSTITUTION	L (If not in hospital, give :	street oddress)		d. STREET ADDRESS		PI E		e.	ON A F	FARM?
	NAME OF DECEASED (Type or print)	Grace Bak		Aiddle	NIGHT	4. DATE OF DEATH	Nov.		Day		ear 9 61
5. S	Female	6. COLOR OR RACE 7. WI			Oct.8,191		9. AGE (In years last birthday) 50 yrs.	IF UNDER Months		Hours Hours	Min.
100.	. USUAL OCCUPATION during most of workin	N (Give kind of work done ng life, even if retired)	Genera		11. 8IRTHPLACE (Stote	_	untry)	12.011		MHAT CO	DUNTRY
13.	FATHER'S NAME ROY	Baker			Fannie	NAME	Whit	eman			
15. (Yes		IN U. S. ARMED FORCES' f yes, give war or dates of service			Robert Ki	night	Darlin		,Md.		
7	PART I. DEATH 443 Conditions, if ony gave rise to im couse (o), stoting th lying couse lost.	mediate (Dur TO	Cene. bra	i Vasc	usar lico Erio Selono	sis C.	-V Disea	ese	////	MED	
		D CICKUITICALIT COLIDITI	ON IS CONTRIBUTION OF		OF RELATED TO BUILDER	INTAL DICEACE	COMPUTIONICH	CALIAL DADS	P 1/-> 110		WED?
CERTIFICATIO	20a. ACCIDENT WAS OR CONTRIBUTING [CAUSE OF DEATH	DES LE		OT RELATED TO THE TERM			EN IN PART		PERFOR.	ио 🔀
MEDICAL CERTIFICATION	20a. ACCIDENT WAS	OUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Month, Day, Year	DES LE	JRY OCCURRED. (Part I or Port	II of item 18.)			PERFOR.	
	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year (I) (this haspital)	DESCRIBE HOW INJU 20d. INJURY OCCURRE While Not while It work at work	D 20e. PLACE foctor posed from 1 and that dea	E OF INJURY (Home, formy, street, office bldg., etc.) ATTENDING	Part I or Port m, 20f. (City 2 6/. to M, fram	II of item 18.) or town) NOV // the causes an	, 196	County)	PERFOR YES	(State
MEDICAL	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY M 20c. TIME OF INJURY Hour o.m. p.m.	Month, Day, Year (1) (this haspital) or a dalive an Caro	DESCRIBE HOW INJURY OCCURRE While Not while at work thended the december 1961,	D 20e. PLACE foctor	Enter nature of injury in E OF INJURY (Home, form, street, office bldg., etc.) AT 2 19 ath accurred at 11 A ATTENDING M PHYS. D 22d. ADDRESS	Part I or Port n, 20f. (City 0 6/. to 1.M, fram AED. ALED.	II of item 18.) or town) NOV (1	, 196 ad on the	County)	PERFOR YES	(Stote ve) los above DATE SIGNET



HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the Page 4 may be retained by the hospital or attending physician.

OFFINERAL DIRECTOR: After this certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the attending physician and certificate has been signed by the filled in by the fundamental physician and certificate has been signed by the filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OH TO B

/R A15 (*) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1000 CERTIFICATE OF DEATH

12684 12684 12697

1	A. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Pesidence before admission)
	a. COUNTY	a. STATE DO d b. COUNTY
-	b. CITY OR TOWN (if outside corposata limits, c. LENGTH OF STAY IN 1b	CITY OF YOUR We still a season being plug A and sine and a lawy
1	with a composite to the composite times,	c. CITY OF TOWN (If outside corporate limits, write RURAL and give neares) town)
	H) arlington	2 allington
	d. NAME OF HOSPITAL OR INSTRUCTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
¥,		YES NO
47	3. NAME OF First Middle	Last 14. DATE Month Day Year
H	DECEASED	of Or
	(Type or print) / Www.	mg/ DEATH /WV 2, 1961
	5. SEX 6. COTOR OR RACE 7. MARRIED 8	
	May 1 VIN TO WHOWED TO SWORCED TO	110 2 189/2 (ast birthday) Months Days Hours Min.
F	10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTR	Y 11. BUTHPLACE (County & State, or organicountry) 12. CITIZEN OF WHAT COUNTRY?
	and during most of working life, even if retired	91 51 (MM)) S 1
6	riversan julinouse	ATTOURONG COMING COMPANIES
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	elet, a, mount	Man Howkins
(NFORMANT M Address
1	or unkown) (If yes gir gwer or dates of service) 20 - 22 - B	156 HAKI Morman Knight
2	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	Man di and Trot Wille M. Boween
	PART I. DEATH WAS CAUSED BY:	OAST DIS DEATH
	IMMEDIATE CAUSE (0) SUCCESSION OF TV	With C
	148X DUE TO A A A	
	Conditions, if eny, which) (b) (b) (c) (c) (c)	o Afre Olno
1	geva rise to immediate cause	
	(a), steting the underlying cause last.	V .
1	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	5	YES NO X
	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH 10 PK 10 PK	. (Enter neture of injury in Pert I or Pert II of item 18.)
1		
1		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While	ory, street, office bldg., etc.)
		To 1- 1061 Wall 2 1061 101 101
		Tox /2 1961, to Nov 2 1961, that (I) (we) last
	saw the deceased alive on	death occured at J.C., M, from the causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF SIGNED
	Muddel Chillen ha	D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) I (I chart this is much	HARlington and
	23a. BURIAL, - CREMATION 35. DATE THEREOF 23c. NAME OF COMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	MOVAL (Smaller) Marc 5 1961 Bank	Page Con Atop Carl Ca Mid
	100, 1, 1101 MOCKIO	win and layord willigh
	24 SONERAL DIRECTOR'S SIGNATURE DODRESS	25a. REC'D BY REGISTRAR 36. REGISTRAR'S SIGNATURE
1	M.D. Balley Wally	DATNOV 9 '61 Cathon & the

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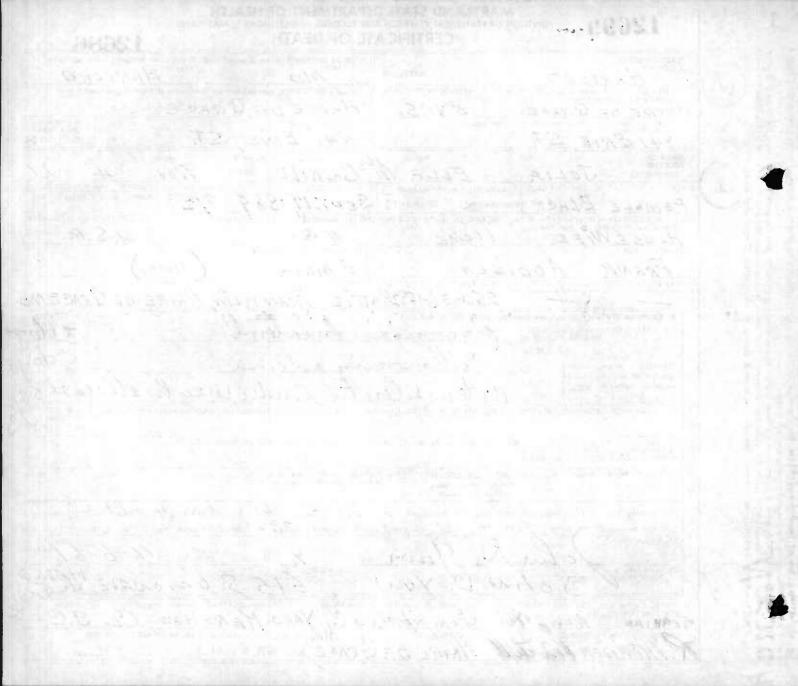
		12698 CERTIFICATE OF DEATH	Reg. Dist. No.2685
director,	M	1. PLACE OF DEATH a. COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If it is not constituted in the const	institution: Residence before admission) OUNTY HARFORD
e g		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) BELAIR 1/YRS 32 BELAIR	
by the fune d 2 shauld	X	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 25 W. GORDON 25 W. GORDON	e. IS RESIDENCE ON A FARM? YES NO
in less on	1)		Manth Day Year 196/
campletely fappers. Pag		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10st birt	years IF UNDER 1 YEAR IF UNDER 24 HRS. hday) yrs. Hours Min.
nd cample in papers. death.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mens Clothing Revail 11. BIRTHPLACE (Stole of foreign country) Balto. Md.	USA
physician armave carbo havrs after		13. FATHER'S NAME PHILIP LEVIN Sarah Goldman	
ng physic e remave 72 haurs		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dotes of service) 2/4-20-3376 Pauline Levin— Same	Address
he attendi hen pleas ent within		18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). ACUTE CORONARY OCCLUSION DUE TO	INTERVAL DETWEEN ONSET AND DEATH INSTANT
igned by t permit. T in any ev		Conditions, if any, which gave rise to immediate couse (o), stating the under-lying cause last. (b) ANGINA - REPEATED ATTA DUE TO (c) OLD HEALED CARDIAC INFAR	
ng physician. e has been si burial-transit remaval, and	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION PERIODICA SMONTH	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ficate hite bur		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item	18.)
al ar at this cert r use as emotion		20c. TIME OF INJURY Month, Day, Year Hour a. pt. 19 20d. INJURY OCCURRED While Nat while of work at work 20f. (City or tawn)	(County) (State)
he haspit R: After tached far burial, cr		21. I certify that I attended the deceased from DEC 25, 1958, to Nov 28, 1 alive an Nov 7, 1961, and that death occurred at Lilo AM, from the case	uses and an the date stated above
OIRECTO OIRECTO d be det prior to	1	ACTUAL SIGNATURE Philip W. Heuman M.D. 307 HICKORY AVE	
NA PARIO		PHYSICIAN'S PHILIP W. HEUMAN, MD. BELAIR, Md.	
o FUN poge	2	220. BURIAL, CREMATION, PEMOYAL (Specify) BURIAL 11/29/61 Mishkin Israel Baltimore,	Md.
/S A15 (4) 5M 9/55	By	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b SOL EEVINSON & BROS INC. 6010 Reist Rd. DATE DEC 1 161	REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	TOTAL CONTRACTOR	PHANK KE
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יייי אל וומסוז מוופן מפמוווי ומסר		ed in by the funeral director,	ages 1 and 2 shauld be filed with	death.	
יחוום חבחווו רבו וווירחום חם באברחובת אוו		y the ottending physician and completely	Then please remave carbon papers. P	and in any event, within 72 haurs after	
CALLETTE OF THE PARTY OF THE PA	more retained by the haspital or attending physician.	TO FORTERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely red in by the funeral director,	page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death.	

	MARYLAND STATE D DIVISION OF STATISTICAL RESEARCH A	PEPARTMENT OF HEALTH ND RECORDS — BALTIMORE 1, MARYLAND
	CERTIFICA	TE OF DEATH 12686
1	PLACE OF DEATH O. COUNTY HARFORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY HARFORO
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAVINE DE GRACE 5 VIRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 84/67/65 7.	d. STREET ADDRESS 841 ERIE ST. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3	NAME OF DECEASED (Type or print) JOLIA ELLA M	CASKILL 4. DATE Month Day Year OF DEATH NOV 4 1961
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH SEPT. 17 1889 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 72 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min.
1	Oo. USUAL OCCUPATION (Give kind of work done during most of working lib, even if retired) HOUSEWIFE AME	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. A.
1	FRANK ADDISON	EMMA (UNK)
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 250-36-15874/	NFORMANT ATTIE FRANKSLIN HAYRE DE GRACEME
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	, listateral INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate (b)	ary edema 5da
	couse (o), stoting the under. DUE TO lying couse lost.	otié Cardio vascula diseases
TO LEAD		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
Crown	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
A CIGINA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL While Not while of work 19 of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote
		Lary, 3, 1961, to Nov. 4, 1961, that (1) (we) last death accurred a 32 M, from the causes and an the date stated above.
		M.D. ATTENDING MED. STAFF DIRECTOR STAFF
1	22c. PHYSICIAN'S NAME (Type) JOHN D. YON	22d. ADDRESS 615 S. UNIONAVE, HAVRO
2	36. BURIAL, CRÉMATION, 236. DATE THEREOF 23C. NAME OF CEMETERY OF PENDINAL (Specify) NOV. 7. 1961 COM SPRIN	VA Ch. YARD MERSHAW, Co. J.C.
2	Hadison Muletiell, TAVRE DE	GRACE DATE NOV 9 '61 256. REGISTRAR'S SIGNATURE Chilling S. Huma



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be soined by the haspital an attending physician.

TO FUN THAL DIRECTOR: After this certificate has been signed by the attending physician and completely file the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	a. STATE b. COUNTY
HARFORD MARYLAND	Ma. FORFORA.
b. CITY OR TOWN (If outside corporate limits, write , RURAL and give nearest tawp),	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
HANRE-DE-GRACE 13 hrs.	X BeLeamp.
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Hartord Memorial Hosoible	\$0763. YES NO
3. NAME OF PECEASED PAINTED Middle 7	1 DATE Manth Day Year
(Type or print) Baby GIRL M	196hee DEATH 11 17 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
remake While WIDOWED DIVORCED	11-17-61 lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INDUduring most af warking life, even if retired)	ISTRY 11. BIRTHPLACE (State or fareign country) 12.CITIZEN OF WHAT COUNTRY?
none	Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
aubrey Me Thee	Sudith Dlevens.
15. WAS DECEASED EVER IN W. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. III	NFORMANT Address
	Aubrey Mc Ghee Belcamp Maryland.
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Continued an	onset and death
7/16	
Conditions, if ony, which) the presented po	lucental spanton 13hr
gove rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
L CAT	YES NO NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH UF ETHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I ar Part II af item 1B.)
2	LACE OF INJURY IHame, form, 20f. (City or town) (County) (State) (County)
Hour o. m. p. m. 19 While Not while of work at work	cioty, meet, office diag., etc.)
21. I certify that (I) (this haspital) attended the deceased fram.	11-17 1861 to 11-17 1961, that (1) (we) last
	death accurred at PM, fram the causes and an the date stated above.
22a. SIGNATURE	22b. DATE
(3 & Thenlitt) &	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. SIGNED
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Barry J. Plunket, Jr.	Aberdeen Maryland,
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
REMOVAL (Specify) Buzial Nov.20.1961 Cokesbury	Memorial Abingdon, Harford, Maryland.
24 FUNERAL DIRECTOR'S SIGNATURE & Son ADDRESS Abingd	On Md . 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Howard R. Me Comas a Son Abinga	OH, Ma., DATE NOV 2 2 '61 Commy S. France
0.001.011.41111	

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. The state of the

FOR STATE HEALTH DEPT. TO DI CYY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, pleader execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 11. Ameral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Atteath, or its designated agent, prior to burial, cremation, or removal, and in any ferit within 72 hours after death. 2 VS. AISME

SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER S	CERTIFICATE OF DEATH	12000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaesed lived, If ins	
a. COUNTY / MARYLAND	a. STATE b. COUNTY	Halad
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oulsida corporale limits, write R	URAL end give naarest town)
Have de Dans 12 days		ZurAl)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	•. IS RESIDENCE
Handard Memoral top stall	JAMEHSVILLE ROAD	ON A FARM?
3. NAME OF First Middle	Lest , 4, DATE Month	Day Year
DECEASED (Type or print) Elizabeth C. M	INNICK OF DEATH NOVER	1 - 7 10 Cal
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH SEPT. 26, 1860 9. AGE (In years IF last birthday) N yrs.	Nonths Deys Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stala or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, avan if relired) Housewife	Maryland	U.S.A.
13. FATHER'S NAME UNICOSU MATTEN	14. MOTHER'S MAIDEN NAME UNKNOWN KEN	unedy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT (SON) Address	
(Ves as as unknown) ((fiveseive weens detection))	The D mo 1 1502 F	tyatt ALE.
1 B. CAUSE OF DEATH [Enfer only one causa par line for (a), (b), and (c).]	Columb	Din, South Caroling
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	R. Femur	ONSET AND DEATH
904.0 DUE TO		
Conditions, if eny, which \ (b)		Trace In the last
gava rise to immadiata cause		
(a), stating the undarrying		To The St. Notice of the
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
0		PERFORMED?
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	ntar nature of injury in Part I or Part II of itam 18.)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (E	~ · · · · · · · · · · · · · · · · · · ·	
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm, 20f. (City or lown)	(County) (State)
7 3 5 p.m. 10 -217 While Not While at work 1	tone Ferent Hall	Ha. Mel.
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry	, and in my opinion
death resulted from: Natural causes . Accident 🕱. Suici	de, Homicide, Undetermined mar	nner 🗌
4 10P1	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE DEVELOP & Filmer	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S GEYOLD C POIMEY MY	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	11-8-61
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR		or country) (State)
Burial Nev. 10, 1961 Rock Spring Epis	copal Cem. Forest Hill, 14	mford Co., Mid.
	240. REC'D BY REGISTRAR 246. REGIST	TRAR'S SIGNATURE
23. FUNERAL DIRECTOR W. Brondway and william BEI Air, Maryland	DATE NOV 1 0 '61 a	other S. Krand
Joseph W. Foster		
and all the contract of the same of the sa		

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
. •	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	12702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12689	
HEALIH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY	(mission)
Page les.	Hayerd MARYLAND / NO	
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)	1)
2 5 > 1	A FUNDAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS Le. 15 RES	FIDENCE
al d for for	A D S	FARM?
de uner uner ined afe.	3, NAME OF First Middle Last 4, DATE Month Day Year	ио П
dea St	OF DECEASED LAUT JAVE OSBOZ-NE DEATH OVERNDET- 24 196	10
3 to the the the	S. SEX 6. COLOR OR RACE 7 MARDIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 2	
O D OB S	WIDSWEST DEVORCED Valy 22, 1867 Last birthdey) Months Deys Hours	Min.
urs after of standard and 21, 2, and 21, 2, and 21, 1, 2, 2, 2, 2, 2, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	OUNTRY?
as 1, 28 1, 29 1 1 21 7 7 2	done during most of working life, even if retired) Housewife Home North Carolina U.S.A.	
ho ho	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
14 20 -	Jessie Yates Ann Hudgons	
within 8. Giv form Ii. File event	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) (Ifyosgive were orderes of service)	
em 18 with with sermi	No ** ** John Woodruff, R.D 2, Aberdeen, Md.	
7 4 7 4	PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: ONSET AND DI ONSET AND DI	EATH
exection of the second of the	IMMEDIATE CAUSE (e)	
4 6 6 6	DUE TO	
	Conditions, if eny, which (b) geve rise to immediate couse	
dirid	(a), stating the underlying DUE TO	
"pendin" xaminer used as ion, or I	[6]	JTOPSY
ord ord matrix	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORM YES PERFORM YES PERMARY OF CONTRIBUTING OF CONTRIBUTIONS CONTRIBU	NO KIK
R: This we he we he he we he	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Part II of item 18.)	
NER: ng the ef Me 3 shouriel, uriel,		
AMINE writing Chief Page 3 s	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) Occupance County Cou	State)
	p.m. 19 at work all work	
icate, to the OR: prior	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry, and in my op	inion
MEDICA: e the certification of	death resulted from: Natural causes X Accident , Suicide , Homicide , Undetermined manner	
= > H	ACTUAL POSICIO & ROLLA ASSISTANT MEDICAL EXAMINER DATE SIGN	
for for a set of the s	SIGNATURE M.D.	NED
DIA TY ME safe Accute the should be forv FUNERAL D its designated	EXAMINER'S GET OLD POIM COMIN Address (Street, city, town, or county)	
Shoots sti	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State REMOVAL (Specity)	}
5 2 4 5 p	Burial 11/26/61 Harford Memorial Gardens, R.D. 2, Aberdeen,	Md.
VS. AISME	A ALTITUM FULLET AL HOURS	
5M 9/60	John of January Aberdeen, Md.	
0.0	John G. Tarring	

Lourd some aspora e- servicuses are all W Lings and July 2 2 1 1857 11 The Honoroffe Book - Book - Blocault se toun Woodruff, R.D. 2, nessang, Rc. Advisordate CV deserve **建工生工** Jarles E Pelmon Buther, we 12=45-11 6 151 m 6) ma

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ng physic e remove 72 hours	1S, WAS {Yes, no, o
attendi n pleas t within	18.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician. To find RAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	WEDICAL CERTIFICATION AMEDICAL CERTIFICATION AMEDICA
TO HOSPITAL OR ATT TO HOSPITAL OR ATT TO FELL STATE TO FELL STA	PHY NAJ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Pag Die 1/2690

1270	10		CERTII	FIC/	ATE OF D	EATH			Reg. Di	SNI.	69	0
1. PLACE OF DEATH	44.7				2. USUAL RESID	ENCE (Wh	ere deceased	lived. If instituti		ce before	admissio	an)
	Harford		MARY	LAND		Maryl	and	b. co bitit		rfor	rd	
b. CITY OR TOWN (I RURAL and give no	f outside corporate lim	its, write	c. LENGTH OF STAY I	IN 1b	c. CITY OR T	OWN (If o	utside corporo	te limits, write R	URAL ond	give near	est town)	
Joppa	Rural		30 yrs.		X	Jop	.sgr	Rural				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, o	give street			d. STREET A	DDRESS				e	ON A I	FARM?
3. NAME OF	Fi	rst	Middle		Lost		4. DATE	Mor	ıth	Day	Ye	eor
(Type or print)	Arthur		Λ		Pearce		OF DEATH	NOVEM	BER	10		61
S. SEX		7. MAR	NEVER MARRIE		B. DATE OF BIRTH	1	9	. AGE (In years	IF UNDER	1 YEAR	-	
male	white	WIDOW						lost birthdoy) 70 yrs.	Months	Doys	Hours	Min.
		1		-	2007	/ = -	0 100	17	112 (17	17ENLOS	MULAT	COUNTRY
10a. USUAL OCCUPATION during most of work	ing life, even if retired)	KIND OF BUSINESS OF	K IINDU	SIKT II. BIKITIFU	ACE (SIDIE	or roreign coo	,,	12. 011	IZEN OF	WINA	LOUNTKI
Farm	er		Tenant					Marylan	3.	U.S.	.A.,	
3. FATHER'S NAME					14. MOTHER'S	MAIDEN	NAME					
John	n A. Pearce	9			M	irand	y Burg	an				
S. WAS DECEASED EVE			SOCIAL SECURITY NO.	17, 1	INFORMANT) H. C.		Add	ress			
no no	(If yes, give war or dates of	ervico)	none		Mamie M.	Pear	ce		Toppa	Md.		
IR CAUSE OF DEA	TH [Enter only one or	ouse per li	ne for (o), (b), and (c).								RVAL BET	WFFN
	TH WAS CAUSED BY:		NGESTIVE HE	,	FAILURE	. PIII	MONARY	FOFMA	ACUT	ONS	TAND	DEATH
4001	IMMEDIATE CAUSE ()	NOESTIVE NE	2717 1	TATEONE	A TOL	PIONITAL	LULI'VI,	710011	- 50	ever	s I da
4221	DUE TO											
Conditions, if o		, A	RTERIOSCLER	3011	C CARDIO	VASCU	LAR DI	SEASE			5 - 6	20 yr
gove rise to i												0.00
lying couse lost.		, G	ENERALIZED	ART	ERIOSCLE	ROSIS					5 -20) yrs
PART II. OTH			CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	T 1(o) 19	. WAS A	UTOPSY
PART II. OTH	v emphysem	a. hr	onchopneum	on i a	. left I	une					PERFOR	
20g ACCIDENT WA			CRIBE HOW INJURY OF				Port 1 or Port 1	It of item 18.)		_		🗀
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					,						
			THE PARTY OF THE P	20 01	ACE OF INJURY (dana fara	201 (6)					151 1 1
	Y Month, Day, Ye	While	NJURY OCCURRED Not while	fo	ctory, street, office	bldg., etc.	.)	or rown)	- '	County)		(Stote)
Hour o.m.	19	of wor	k 🔲 ot work 🔲		3-3-0-67							
21. I certify th	at I attended the	deceas	ed fram March	1 22	1960	to No	vember	10 1961	that I	last sa	w the	decease
alive an No		, 19			accurred at							
dive dil	_	4	, and mai	ueun	accorred di			et, city or lown,		ne dan		TE SIGNE
ACTUAL A	0 1/1	1	701		115		ord Av		3.0.0,		,	10/61
SIGNATURE	and Cox	1000	site his		M.D	ruii	OI U AV	e •				10/01
PHYSICIAN'S P	AUL S. STO	VESIF	ER, JR.		Bel	Air,	Md.					
220. BURIAL, CREMATIO	N, 225. DATE THEREG	OF.	22c. NAME OF CEME	TERY C	R CREMATORY		22d. LOCATIO	ON (City, town,	or county)		(Stote)
REMOVAL (Specify)	Nov.13,19	961	Trinity I	uth	neran		Jopp	a. Ha	rford	. Ma:	rvlar	ad.
							D BY REGISTR		STRAR'S SI		-	
23. EUNERAL DIRECTOR	Mc, Comas	Son	Abingdon	, Mo	١.,		1 1 5 '61		Ung S.	Mrsus		

		MEDIATED TRATE OF		
DOMESTIC STREET	HIANDRO BE			9.4
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12691

	1. PLACE OF DEATH O. COUNTY HANDOWN MAI	o STATE	(Where deceased lived. If institution b. COUNTY	n: Residence before admission)
	b. GITY OR TOWN (If putside perportite limits, write c. LENGTH OF STA	1 1b c. CITY OR TOWN	Inf autside carporate limits, rite RL	IRAL and give nearest tawn)
	TRURAL and give nedrest town Marce 21	0 1	win Dun	1 17X-2
,	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRES	SS 21	e. IS RESIDENCE ON A FARM?
/	Starland Wemorial		12 2	YES NO S
	3. NAME OF First Midd	log	4. DATE Mont	h Day Year
	(Type or print) Steward Le	Tier	OF DEATH	7 196/
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.
3	WIDOWED DIVOR	0 2/20/18	13 78 yrs.	Motions Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done during masyof working life, even if Attired)	INDUSTRY 11. BIRTHPLACE (S	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Retired & Farmer	•	MIL	usa.
	13. FATHER'S NAME	14. MOTHER'S MAID	EN NAME	
	(diver here		Untrou	UTU
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT	Addre	
	No	mrs Della C	trole, Kenne	It square the
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (01.	181	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	7. 10000	c Browchil	91 . / hisare
	157 X DUE TO		. Hwe	UMONIA 1100
	Canditians, if any, which gave rise to immediate (b) Carca	10 mo 7 3 31	. 6	10 days
	cause (a), stating the under-	of Chines	and Live - M.	Late
	lying cause last.) (c) CAPCINOM	OT THNCTEL	45 FLIVER & ME	TASIONS WAS AUTORS
d	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	H BUT NOT KELATED TO THE T	ERMINAL DISEASE CONDITION GIVE	PERFORMED?
	TO ACCIDENT WAS INDESTRUCED TO LOOK DESCRIPE HOW IN HURS	TIPPED (Enter nature of injur	y in Part I ar Part II of item 18.)	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CARLES. (Ellier Indiana di Infor	,	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. P. m. 19 While Nat while at wark at wark at wark	Oe. PLACE OF INJURY (Hame, factory, street, affice bldg.		(County) (State)
	p. m. 19 at wark at wark			
	21. I certify that (I) (this haspital) attended the decease	om 51676	1064, to 110 27	196 /, that (1) (we) last
		hat death accurred at	P.M. fram the causes and	d an the date stated above.
	22a. SIGNATORS	ATTENDING 2	MED STAFF	22b. DATE
	//wasanas,/	M.D. ATTENDING PHYS.	DIRECTOR PHYS.	1//28/6
	276-PHYSICIAN'S NAME (Type)	22d. ADDRESS		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE	ERY OR CREMATORY	23d. LOCATION (City, tayn, a	r county) (State)
	REMOVAL (Specify) 12/1/1961 Brund	ens Comotes	Rising lu	md
9	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25.	REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	Rolf m Reed Riving Se	md, DATE	NOV 3 0 '61 Can	in S. France

1520 Mrs. E. Mar R. ales Normall Species of the RENUMBER AT I Jos. out was to have the to

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFI	CATE	OF D	EATH

12692

		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY HAT-FORM
	5	O. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RURAL ond give nearest town)
1	0	S. NAME OF HOSPITAL (If pot in hospital, give street oddress), Italy Street ADDRESS (ON A FARM?) TARTON MEMORIAL HOSPITAL (MAIN St. Ext. YES NO
	0	NAME OF DECEASED Type or print) Charles R. Middle Richardson 4. DATE OF DEATH NOV 25 1961
	5.5	19/8 White WIDOWED DIVORCED WW. 2-1903 Strickdoy) Manths Days Hours Min.
	F	USUAL OCCUPATION (Give kind of work done of the strength of th
		FATHER'S NAME Pete Richardson WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY Address
		, no, or unknown) (If yes, give wor or dates of service)
3		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PROPERTY OF THE PROPERTY
		Conditions, if any, which gave rise to immediate (b) A.S. C. V. D. a-3 years
	Z	cause (a), stating the under. Due to Iying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY
0	FICATION	(1) Emphysema (2) Supraventricular Tachy Cardia PERFORMED? YES NO 1200. ACCIDENTIMAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part/II of item 1B.)
ij	AL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	MEDICAL	Haur a. m. 19 While Not while at work 19 at work 19 Tal work 19 Not while at work 19 Not while 19 Not work 19 Not w
		21. I certify that (I) (this hospital) attended the deceased from 100.74 1900. to 100 1901, that (I) (we) lost saw the deceased alive on 100.25 1900. , and that death occurred at 200. from the causes and on the date stated above. 220. SIGNATURE 225. DATE
	and the	ATTENDING MED. STAFF DIRECTOR
	23a	NAME (Type) Fellings de Foor M.D. Havre de Grace, Med. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
		REMOVAL (Specify) Nov. 28, 1961 Mountain Christian Joppa, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE
		WIT archer, Benson md DATE DEC 1 61

7, HOVE THE FROM ternier Menney The short son is Now 25 ETE BLOODER USER LANGE IK, STICKER USER Markhau and a

2 1	Item 18 Film 304 MARYLAND STATE D	PEPARTMENT OF HEALTH
FOR STATE	12706 MEDICAL EXAMINER'S	
HEALTH DEPT.	1. PLACE OF DEATH • COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
Sary.	Harford MARYLAND	•. STATE Maryland b. COUNTY Harford
	b. CITY OR TOWN (il outside corporate limits, write RURAL end give neerest town)	CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town)
director, your fard of t	Havre de Grace	Bel Air
for for Soar	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
del dined ained State bath.	Harford Memorial Hospital 3. NAME OF First Middle	Box 424A Rt. 1
refaire Straidea dea	DECEASED	Lest 4. DATE Month Day Yeer OF
- c c c c c	JEAN	MARDSON DEATH November 17 19 61 3/ DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
deat nd 3 with with	7. MAKKIED NATER AND MINISTER	li 1 Q 1 Li last birthday) Months Devs Hours Min.
fter 2, and 5 m ld 2 hour	female White WIDOWS DIVERSING TO THE TOTAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRIES	RY N. ARTHPLACY (State or foreign caugity) 12_CITIZEN OF WHAT COUNTRY
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hour hour liftin	13. FATHER'S NAME	1. MOTHER'S MAIDEN NAM
PW PW	Rulys Billings.	7/ sprows
Aithin Grand Form	15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, ng. pr ulmown) (Ifyesgivewerordetesofservice)	INFORMANT On Address B. 1-av
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in the	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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tific pen cami cami cami	(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ord 'bromati	ATIC	PERFORMED? YES DE NO
R: Thi he we hould hould crea		(Enter neture of Injury in Pert I or Pert II of item 18.)
E - 8 . 10	of pacteria in b	olice investigation); with growth regnant uterus.
MIN)	S 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, 20f. (City or fown) (County) (Stete)
The A	Approxp.m. Nov. 7 1961 of work Nov. 1961 of work	Home Rt. 1, Bel Air Md.
fical to TOP Pri	21. I certify that I took charge of the remains described above, he	eld an Autopsy X. Inspection, Inquiry, and in my opinion
DICAI a certif arded RECT agent,	death resulted from: Natural causes , Accident , Suice	cide, Homicide, Undetermined manner
MEDIC e the ce forward L DIRE	ACTUAL MALLE MARKET	CHIEF MEDICAL EXAMINER
2 m 0	SIGNATURE // COUNTRY N. / Maure	M.D. ASSISTANT MEDICAL EXAMINER ADDITION OF SIGNED 11/18/61
S E E C	EXAMINER'S Howard G. Shaub	Address (Street, city, town, or county)
Proni Shoul	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	
0 g 4 0 g	Mov, 21, 196 Helcom	estome Harford Co. Md.
VS. A15ME	23. FUNEBAL OREGOR	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE NOV 2 4 '61
5M 9/60	17 12 Dailey parungles	DATE CITIZEN S. Thomas

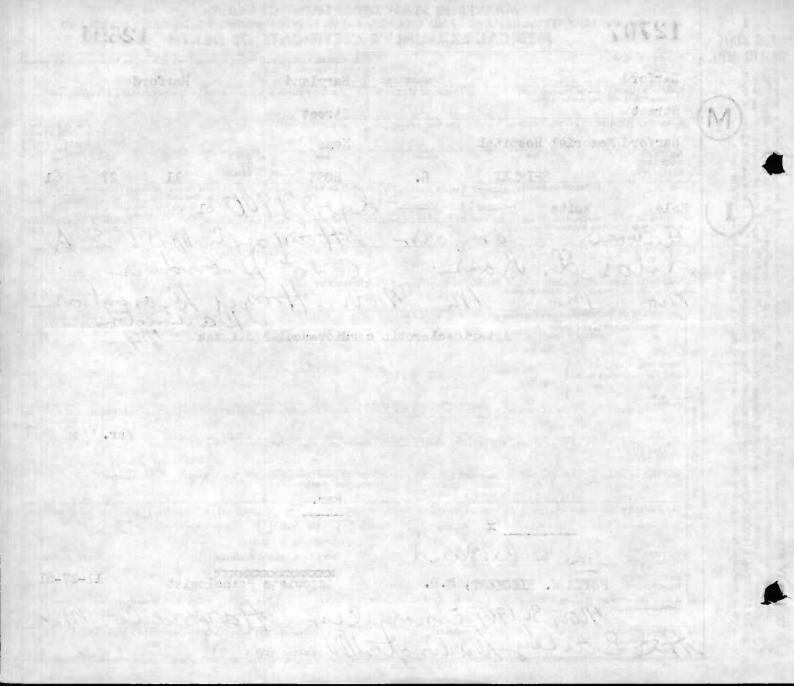
origin to from thereto will to the Marine State of the State of th 0 in S. Barley all with the

FOR STATE HEALTH DEPT. TO D' CULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It is delay is necessary, pleat execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it, and it is required director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 4 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH 1 Photograph of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH

1. PLACE OF DEATH •. COUNTY			ENCE (Where decaesa		n: Residence before edmission)
Harford	MARYLAND	Maryland		Harford	
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 15		N (If outside corporete		end give nearest town)
write RURAL and give nearest town)					
Street		X Street			
d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRE	SS		IS RESIDENCE ON A FARM?
Harford Memorial Hospita	1	None			YES NO
3. NAME OF First 7.	Middle	Last	4. DATE	Month	Dey Yeer
(Type or print) SHIRLEY	I.	ROSS	OF DEATH	11	27 1%1
5. SEX 6. COLOR OR RACE 7. MARK		8. OATE OF BIRTH	19. AGI	E (In years IF UNDE	
	ED C	2118	1 4 1 1 1 1 1-	birthday) Months	
Male White William USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OF THE	My 10, 1	100 61		
dona daving most of working life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11 BIRTHIRLAGE (ST	ele or foreign country)	1 12.0	CITIZEN OF WHAT COUNTRY?
Labour 6	rearm	Mar	100160	mall	SA
13. FATHER'S NAME CO	U	14. MOTHER'S MAID	H NAME	11/19	~ 11
Sila A. BA	SI	010	Man	notini	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	14-01	VVVV U	1
(Yes no, or unkown) (Ifyas give werordates of servica)	in seconii no. m	INFORMANT A		Agdress	
mo me	116 111	WINT	azel	hor	iglas_
18. CAUSE OF DEATH [Enter only one cause par	lina for (a), (b), and (c).]		1100	Dline -1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	and a sell a seed a		o pour	No.	SHISET AND DEATH
11001	eriosclerotic	carcilovascu	lar olsease	ing	
4221 DUE TO					
Conditions, if any, which (b)					
geva rise to Immediate cause (e), stating tha undarlying DUE TO					
cause lest. (c)					4 THE R. P. LEWIS CO., LANSING
	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE COND	ITION GIVEN IN DA	PT 1/-) 10 WAS AUTORSY
			MINITE PIDENCE COND	MON GIVEN IN FA	PERFORMED?
<u></u>				F	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.	RISE HOW INJURY OCCURED.	(Enter nature of Injury in t	Pert I or Pert II of itam 1	8.)	
CAUSE OF DEATH.					
20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fo	arm, 1 20f. (City or to	wn) (C	ounty) (Stata)
Hour e.m. Whil	leNot Whila fec	tory, street, office bldg.,		wii) (Ci	ountry) (Stata)
p.m. 19 at wo	ork at work	Par	i		
21. I certify that I took charge of the ren	nains described above, he	eld an <u>Autopsy</u> X,	Inspection ,	Inquiry .	and in my opinion
death resulted from: Natural causes	Accident , Suid	cide . Homicid	e . Undeter	mined manner	
A	~ 1	CHIEF MEDICA	AL EXAMINER		
ACTUAL () ()	1.00				
SIGNATURE W	LUCK!	M.D. ASSISTANT M	EDICAL EXAMINER		DATE SIGNED
EXAMINER'S	W.D	NEGODE DE	doedadoor		11-27-61
NAME (Type) PETER W. RIECKE	RT, M.D.	ASSOC1	ate Patholo	gist	77-51-07
20. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	City, town, or count	ry) (State)
MMC 30190	1/ Eam 17.	(0000	AVADA	wo 1/	- nn-1
23. EUNERAL DIRECTOR	ADDRESS.	un	1009	o va C	VIVIA
AL A D' 1 Con	Manufeste 4	- My 1 240. K	EC'D BY REGISTRARU	24b. REGISTRAR'S	SIGNATURE
11 in willy	Jarunoso	DATE DATE	DEC 1 '61	O-Thun	8. Krous
	1				



1	MARYLAND STATE DEPARTMENT OF HEALTH A Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	DATE A DATE.
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1269	5
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence of the country	dence bafore edmission)
lay is necessary, all director. Page of vour files. Board of Health,	Hayrd MARYLAND 8. STATE / W B. COUNTY HA	ford
our files.	b. CITY OR TOWN (if outside corporate limits, write RURAL end give RURAL and give RURAL and give negast town)	e neerast lown)
lay is ral direction of the second of the se	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
e de de	3. NAME OF FIRST ET MED Middle GADGADT Plast 14 DATE Month	YES NO
de S de	3. NAME OF DECEASED (Type or print) First ELMER Middle SARGABLE OF DEATH Worth	2_ 19 6/
death and 3 is read and 3 is read and be read with the read after read after a steer read and a steer read a	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR 1 1 1 1 1 1 1 1 1	AR IF UNDER 24 HRS.
5 m d 2 hou	widowed Divorced May 6, 1905	OF WHAT COUNTRY?
hours af ages 1, 2 3. Page ges 1 an	Laborer Day Labor Maryland U.S.	
C 0 -	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	A.
EGERT)	Jacob Sargable Emma Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
>	No (15 yes giva wer or dates of service) 13-14-4901 Vernon Sargable, R.D. Bradshs	aw. Md.
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
and and	IMMEDIATE CAUSE (a) 1 / CACCOTA / CO	
should be ag" in pen r's Office a burial-t removal,	Conditions, if any, which (b)	
12 D N B B	gave rise to immediate cause (a), stating the underlying DUE TO	
0 C = D	Cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	10 WAS AUTORSY
25-08	Franking & Lange	PERFORMED?
9 9 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OF CURED. (Enter nature of injury in Pert I or Part II of item 1B.) CAUSE OF DEATH.	
AMINER writing if writing if bage 3 sh to burial		15
Z Y O BO	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Hour hour law ork at work work work work work work work work	G (State)
ficate, to the FOR: Prior	21.1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . an	nd in my opinion
the certifica rwarded to DIRECTOI d agent, pr	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . BOAS	
Z o O J S	ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER [DATE SIGNED
execution be a secution be a securior be a s	EXAMINER'S Gerold elal mer DEPUTY MEDICAL EXAMINER Addrass (Street, city, town, or county)	-3-61
FU	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER! CREMATORY 22d. LOCATION (City, lown, or country)	(Stata)
H H	Burial 11/6/61 Smith Chapel Cemetery, R.D. Aberdeen 23. FUNER DIRECTOR Tarring APRESION HOME 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNA	Md.
VS. A15ME 5M 9/60	Jahn A- Larisborden, Md. DANOV 7 '61 arily & there	
//	John G. Terring	

from the second NE ALLONDON TO THE WAY OF THE PARTY OF THE P 1905 6 1905 J elderer Eldost 213-11-6001 version dergable, p.1. Testahaw, Md. Miller Brown and State of the S A PROTOCOLO MUNICIPAL P. A. L. A. L. THE ME SHE TE Service of the land of the service of Take to 1/3/01 States Turned Constant, 2.1. Aleman, 13.

Take to 1/2/02 States to 1/2/02 St John G. Barring

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12709 CERTIFICATE OF DEATH director, filed with PLACE OF DEATH within 24 hours after death: Page 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND Maryland Hardord the funeral shauld be fil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 20 yrs. Joppa Joppa. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION puo 2 3. NAME OF Middle Lost 4. DATE DECEASED OF DEATH (Type or print) Clarence E. Smith Nov. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) pletely ers. Pag WIDOWED | DIVORCED | male white yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Aircraft Balto. Co. Marykand Furnace Operator 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence E. Smith Ida Mae Lathe 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no 217-05-5912 Harriette E. Smith Joppa Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary Thrombosis DUE TO Conditions, if ony, which Chronic Hypertansive Cardio Vascular Disease gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. n. Not while of work p. m. 21. I certify that I attended the deceased fram. Nov. 157, to Nov. 15 , 1961, that I last saw the deceased and that death accurred at 9:000 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Forest Hill Maryland SIGNATURE O hou PHYSICIAN'S Willard P. Hudson M.D. NAME (Type)

22b. DATE THEREOF

23-FUNERAL DIRECTOR'S SIGNATURE
HOWARD K. Mc Comas & Son
Howard K. Mc Comas &

Nov.18,1961

220. BURIAL, CREMATION.

Abingdon, Md.,

22c. NAME OF CEMETERY OR CREMATORY

Trinity Lutheran

ADDRESS

Joppa, Harford, Maryland 24a. REC'D BY REGISTRAR DATE NOV 2 0 '61

24b. REGISTRAR'S SIGNATURE Orthur S. Kraus

22d. LOCATION (City, town, or county)

Reg. Dist. No.

Harford

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

Hours

INTERVAL BETWEEN ONSET AND DEATH

Sudden

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY

Doys

(County)

Months

e. IS RESIDENCE

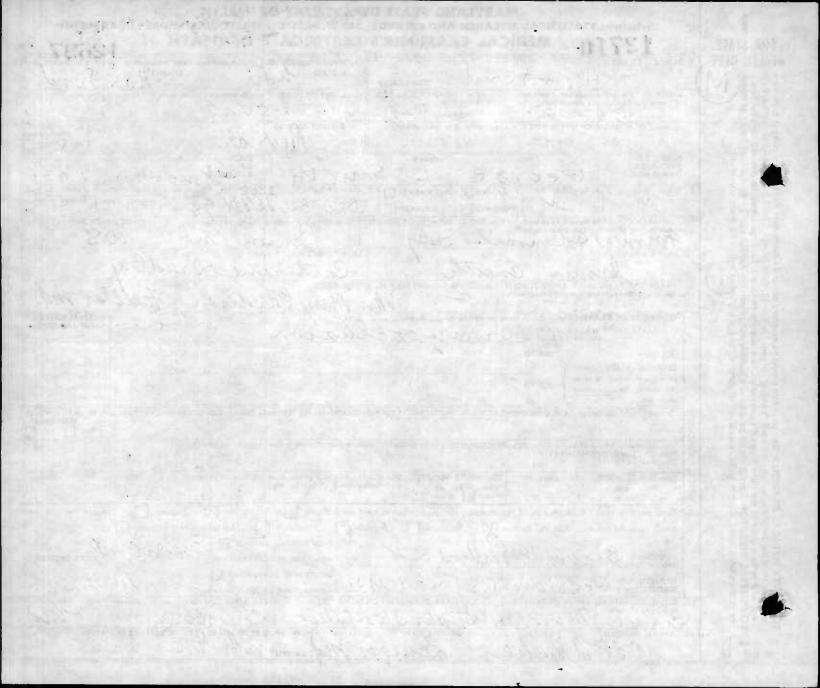
ON A FARM? YES NO

Year

19 6]

	TE OF DEATH		12769
	DANGE OF STREET		Anna Alaman
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		Marion Roy (5) and	TO SURVINOR TO THE REAL PROPERTY.
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Shedred			St. Control Control
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All Into Employ as 114		miletc	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH PRESTON STREET. BALTIMORE 1. MARYLAND FOR STAT USUAL RESIDENCE (Where decresed lived, If Institution: Residence before edmission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY director. Pag MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) 50 e NSO Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddiess) d. STREET for . IS RESIDENCE ON A FARM? YES NO NAME OF First Middle DATE Last Month Day Yeer DECEASED (Type or print) DEATH 0 OVEND 19 with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 1 and 2 will 72 hours last birthdey) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fig. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) with 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO Conditions, if any, which (b) geve rise to immediate cause 10 DUE TO (e), stelling the underlying Examiner cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 cremati Medical NO EXAMINER: This plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 3 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) forwarded to the Chi (County) (Stete) fectory, street, office bldg., etc.) 0 Not While Hour e.m. While et work et work prior D . m execute the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion MEDICAL death resulted from: Natural causes V Accident Suicide Homicide Undetermined manner designated ACTUAL ASSISTANT MEDICAL EXAMINER Should be for NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION. 22d, LOCATION (City, lown, or country) (State) REMOVAL (Specify) 6 040 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR V VS. A15ME DATHOY 5M 9/60



STATISTICAL RESEARCH AND RECORDS. 301 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If gutside corporate limits, write RURAL and give heerast to c. LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside corporete limits. 20 years OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 4. DATE Month NAME OF Middle DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 5. SEX NEVER MARRIED FEb. 18, 1889 DIVORCED WIDOWED 12. CITIZEN OF WHAT COUNTRY? physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Agriculture FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please death 5 MilliE Sprigs LINKNOWN and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (SEN) 16. SOCIAL SECURITY NO. I oval, (Yes, no. or unkown) | (Ifyes give wer or detes of service) Mr. Louis J. Sprigs Princeton, NEW JETSEY the 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). þ CD PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Z levotic Wohsens W -Z J 01 geve rise to immediate causa DUE TO (a), steting the underlying ceuse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dev. Year factory, street, office bldg., etc.) Not While While Hour a.m. et work at work DIRECTOR: 21. 1 certify that (1) (this hospital) attended the deceased from... 19 C.I., and that death occured at 7. M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE ATTENDING DIRECTOR PHYS. M.D. MERAL 22d. ADDRESS director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Ryral Darlington Hors. Co., Maryland HOSANNA Church CEMETERY Nov. 15 OH BuriAl 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR W. Brondum and Williams Str VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO -

(State)

22b. DATE

SIGNED

(County)

Cirling & House

DATENOV 1 5 '61

Dey

ON A FARM? YES NO

BR3S1 January 1967 Here of the sale 111 Bett & welling orders Bet An am Lovery of Revent Lockery Programme Harrise Stirds of resident A 200 STATISTICS TO THE THEORY 1000 crime all the years when a very series of the contract of Anderson Extended Children The selection of the se CERTAL C. Palmer IV ROLLS CHE her contract which can add a classed in value as A contract and appearance in the first call the

TO HIDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the page 4 may be retained by the hospital or attending physician.

Year A may be retained by the hospital or attending physician.

Year Difference of the physician has been signed by the attending physician of director, page 3 should be detached for use as the burial remained by the attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12695 12699

-	- COUNTY -4 -4	AL RESIDENCE (Where decaasad lived, If institution: Rasidence before admission)
	Battimore Harford MARYLAND 8. ST	ATE Maryland b. COUNTY Harford
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	TY OR TOWN (If outside corporate limits, writa RURAL and giva neerest town)
1	Edgewood .	Edgewood
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. S1	REET ADDRESS ON A FARM?
	Joppa Town Rd. Rt. 40	toppa lown Rd. Rt. 40 YES NO
	3. NAME OF First Middle	Lasi 4. DATE Month Day Yeer
	(Type or print) Kathryn Stag	DEATH November 14th 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE O	BRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months Days Hours Min.
	female white WIDOWEDE DIVORCED June	27, 1892 69 yrs. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	THPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewite	inhattan, New York U.S.A.
	13. FATHER'S NAME 0	HER'S MAIDEN NAME
	? Wagner !	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
	218-12-6143 Mrs.	Elsie Ay Sippel 3565 Elmley Avenue
	18. CAUSE OF DEATH [Enter only one could per line for (, , (b), end)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	u (Monvoses
	260 X DUE TO (1) a Cool (1.00 2)
	Conditions, if eny, which (b)	Yellike ?
	geve rise to immediate cause (a), stating the underlying DUE TO	Date of the second of
	ceuse lest. (c) HUNDEUSCUL (survivorer .
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIVITING TO DEATH PART II.	OTHETTERM DUST SE CONDITION GIVEN IN BARD IL 19. WAS AUTOPSY PERFORMED?
	ICAI	/ THES NO .
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PANOLET IN THE TOTAL PART OF THE TOTAL PAR	ure of injury in Part I or Pert II of item 18.)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJ Hour a.m. While Not While factory, street,	URY (Home, farm, 20f. (City or town) (County) (Steta) office bldg., etc.)
	p.m. 19 et work st work	
	21. I certify that W (this hospital) arended the deceased from	195.7 to, 19, that (I) (we) last
	saw the decease alive on	ccured atIM, from the causes and on the date stated above.
	220. SUNATURE	NDING MED. STAFF 22b. DATE
	E Town M.D. PHY	
1	22c. PHYSIGIAN'S NAME (Type)	ADDRESS
	The state of the s	TODY 1924 LOCATION (Ch. Aura a sanda) (Chia)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 11/17/61 Loudon Park (e.	metery Baltimore, Maryland
-		250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Leonard L. Ruck 5305 Hartord Road #14	DANOV 1 6 '61 arily S. France
1.	Leonard y. Ruck 5305 Hargora Noad #14	DATE

Jospa Joma Na. 125, 40 100 allen 2006 town to the comment of the second 10,000 2, 1892 60 Housewalls was fined to dec. #. aro-12-143 mus. Lie v. signe by gus I dieter alfame the state of the second of the state of endedad 11/1/17 Loudon Popul Generalis Budishing, Maderia Lonora J. Mich 5505 mongar a road 114 million a selection haurs

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF BEALTH EALTHORE, I

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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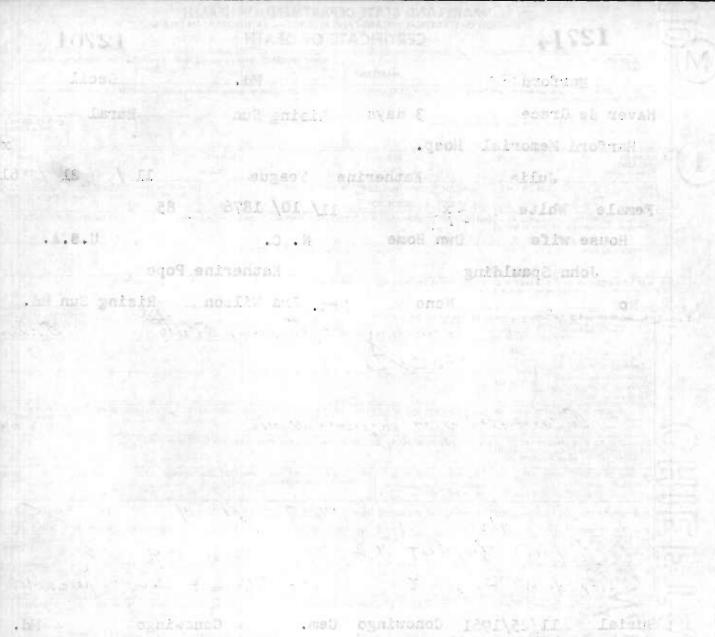
1.	PLACE OF DEATH o. COUNTY Harford	MARYLAND	a. STATE	Where deceased lived. If inst		perfore admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside carporote limits, wri	ite RURAL and give	nearest town)
-	Haver de Grace d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress) 3 days	Pising S 8. STREET ADDRESS	un	Rural	e. IS RESIDENCE ON A FARM?
		Hosp.				YES NO
3.	NAME OF DECEASED (Type or print)	Middle Katherin	le Teague	OF DEATH	Month	Day Year / 19 61
S.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED		9. AGE (In ye lost birthdo		EAR IF UNDER 24 HRS
	Female White WIDOW	DIVORCED DIVORCED	11/10/1	1 . 4	yrs.	ys Hoors Mill.
100	D. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY TI. BIRTHPLACE (Sta	ite ar fareign country)	12. CITIZEN	N OF WHAT COUNTRY
	** * * * * * * * * * * * * * * * * * * *	Own Home	N. C.		U	3.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1	
	John Spaulding		Kat	herine Pope		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IP	NFORMANT		Address	
1,	No	None	Mrs Ira W	ilson R	ising S	un Md.
F	18. CAUSE OF DEATH [Enter only one couse per li		0		11	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	son ary	Acclesse	m, acute		10 min
	DUE TO	. /				
	Catalities & say subjet \	ASCUT				
	gave rise to immediate					
	build agree (a), staring the under-					
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE CONDITION	GIVEN IN PART 16	o) 19. WAS AUTOPSY
CATION	Incarcuated.	right ingen	not kernia			PERFORMED? YES NO
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY CCURRE	D. (Enter noture of injury	in Part I ar Part II af item 18	.)	
S			ACE OF INJURY (Hame, fo		(Cau	nty) (State
MEDICAL	Haur o. m. While at war	INUI WINIE]	ctory, street, office bldg.,	erc.)		
-		dad the deceased from	11/19	1961. ta 111	10	, that (I) we las
	21. I certify that (I) (this hospital), attend			all a		.,.,
	saw the deceased alive an 11/2-1	and that o	death accurred al.2.	M, from the causes	and an the a	22b. DATE
	alfred as Guy	goleit MD	M.D. PHYS.	MED. STAFF PHYS.		SIGNE
	22c. PHYSICIAN'S NAME (Type) A Thed W. Grig	goleit	22d. ADDRESS 608 9.1	Union St. Ha	ve de gra	ce, Md
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, to	wn, ar county)	(Stote)
	REMOVAL (Specify) Burial 11/25/1061	Conowingo	Cem.	Conowing	0	Md.
24	EUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNA	
1	Temon & TE Thell	en Rigina	Sun Md DATEN	OV 2 7 '61	Pathua & H.	-0.4

page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 haurs after dealth TO HOS TO FL VR A1S (4) 1SM 9/59

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer deoth. Page 4 retained by the haspital or attending physician.

Then please remave carbon popers. Pages

in by the funeral directar, and 2 shauld be filed with



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		(2002) (100) (2007) (100)

A	12716 CERTIFICATE OF DEATH Reg. Dist, No. 100						
and 2 should be filed with	1. PLACE OF DEATH o. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence betwee admission) o. STATE Maryland Harford					
a (M)	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)					
a B	Rural Norrisville 5 weeks	X Jarrettsville					
X	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)					
S S S S S S S S S S S S S S S S S S S	3. NAME OF First Middle DECEASED (Type or print) Bessie Stokes Wh	iteford 4. DATE Month Doy Year OF DEATH NOV. 4, 1961					
0	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.					
	2 01110120	Dec. 21, 1878 82 yrs.					
2 hours ofter deoth.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)						
ofter deoth	Retired Checker Black & Decke	r Prospect Harford, Md. USA					
t e	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME						
	Nathan Oscar Stokes	Anna Elizabeth Hughes					
	(Yes, no, or unknown) . Iff yes, give wor or dates of service)	PORMANT Address					
7	No 216-24-3074 W	illiam O. Whiteford Stewartstown, Pa					
within 72 hours	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	O LI ON INTERVAL BETWEEN ONSETAND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G) Carcinoma	of the Ovary with metastases o weeks					
e v e n	175 (1 DUE TO	With the state of					
	Conditions, if ony, which) (b)						
	gove rise to immediate couse (a), stating the under-						
	lying couse lost. (c)	the second of th					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
0	3 Hupertensive Arterioscheratic Cardiovascu						
	The Additional Was Indicated in 1904 Descript HOW INVIDED). (Enter nature of injury in Part I or Port II of item 18.)					
		ACE OF INJURY IHome, form, 20f. (City or tawn) (County) (State) tory, street office bldg., etc.)					
	Hour a. m. p. m. 19 While of work of work	iory, siege, office blogs, erc.)					
	21. I certify that I attended the deceased from Tuly 25	, 1959, to November 4, 1961, that I last saw the decease					
	alive an actalogy 3/ , 196/ , and that death						
	dive di se de la comi	ADDRESS (Street, city or town, state) DATE/SIGNE					
	SIGNATURE SIGNATURE	Houcks MILL Road 11/5/6					
	SIGNATURE	M.D.					
8	PHYSICIAN'S lemes to white Ir. M.J.	Dr Varrettsville, Manyland					
1.3	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY 22d. LOCATION (City, town, ar county) (State)					
W	Burial 11/7/1961 Bethel	Madonna Maryland					
13,	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
	Charles E. Just Janettsville	Med. DATE NOV 7 '61 Cirthur S. Kraus.					

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	Charles III	HIVE OF DEATH	ADMINIST	12716	
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